

Dissertation Training

at

Primus Super Speciality Hospital, New Delhi

**Assessment of Patient Satisfaction Levels and Determinants at a tertiary care hospital in
New Delhi.**

by

**Animesh Paramanik
Enroll No.- PG/22/007**

Under the guidance of

Dr. Pankaj Talreja

**PGDM (Hospital and Health
Management) 2022-24**



**International Institute of Health Management
Research New D**

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Management) 2022-24**



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20th June 2024

TO WHOM IT MAY CONCERN

This is to certify that Mr. Animesh Pramanik (2917) has successfully completed the dissertation in our Operations department as Management Trainee from 20-Mar-2024 to 20-Jun-2024.

Mr. Animesh Pramanik manifested discipline, commitment and responsiveness during the dissertation period and found to be honest, sincere and hardworking and performance during the period was satisfactory.

We wish success in future endeavors.

For and on behalf of Primus Super Specialty Hospital, New Delhi



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The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. Sumesh Kumar

Associate Dean, Academic and Student Affairs

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Dr. Pankaj Talreja

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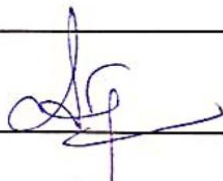
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This is to certify that **Mr. Animesh Pramanik**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He is submitting this dissertation titled **"Assessing of patient satisfaction levels and determinants at a tertiary care hospital in New Delhi"** at **"Primus Super Speciality Hospital"** in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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This is to certify that the dissertation titled "Assessment of Patient Satisfaction Levels and Determinants at a tertiary care hospital in New Delhi" and submitted by Animesh Paramanik Enrollment No. PG/22/007 under the supervision of Dr. Pankaj Talreja for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 20th Mar 2024 to 20th Jun 2024 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



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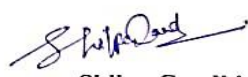
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Deliverables: DPH assigned responsibility, oversee of staffs to ensure high patient care standards, implemented various quality improvement initiatives, collecting patient feedbacks & improve it.

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Suggestions for Improvement: Need to learn more to become professional on his job.

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


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Organisation Mentor (Dissertation)

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**INTERNATIONAL INSTITUTE OF HEALTH
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Enrollment/Roll No.	PG/22/007	Batch Year	2022 - 2024
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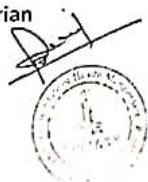
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ACKNOWLEDGEMENTS

I would really like to express my appreciation and gratefulness to my mentor Shilpa Gandhi for correctly assisting me to complete this report. I would love to provide my special way to my college faculty mentor Dr. Pankaj Talreja whose assist, stimulating pointers and encouragement helped me in all time of fabrication system and in scripting this report. I also definitely thanks for the time spent proofreading and correcting my many errors. I could also want to acknowledge with tons appreciation the crucial position of the relaxation of the people who guided me in one of a kind tasks at some stage in my internship. Many thanks visit the supervisors who have given their complete effort in guiding the team in achieving the intention as well as their encouragement to preserve our progress in track.

Animesh Paramanik

Date: July 2024

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ABSTRACT

Introduction:

Patient satisfaction is crucial for healthcare quality and the success of hospitals. It impacts patient behavior and hospital reputation, making it essential for hospitals to meet rising expectations despite limited resources. Balancing medical treatment with a positive hospital experience is key to satisfaction, and systematic feedback helps identify areas for improvement.

Key Methodology and Data Analysis:

- **Sampling:** Stratified random sampling ensured diverse socio-economic representation.
- **Questionnaire:** Patients rated satisfaction on a simple, 5-point scale.
- **Confidentiality:** Anonymity was assured.
- **Data Analysis:** Satisfaction was analyzed across demographics to identify areas needing improvement.

Results:

- **Overall Satisfaction:** High, with most of the 120 patients expressing satisfaction.
- **Influencing Factors:**
 - **Age:** Older patients were more satisfied.
 - **Staff Behavior:** Positive interactions with doctors and nurses were key.
 - **Cleanliness:** Some dissatisfaction, especially with bathrooms.
 - **Food Quality:** Noticeable dissatisfaction due to poor quality and variety.
 - **Discharge Policies:** Some delays in billing and medicine return caused dissatisfaction.

Discussion & Recommendations:

Improving communication, cleanliness, food quality, and service promptness will enhance patient satisfaction at Primus Super Speciality Hospital. Regular feedback collection, personalized care, and staff engagement are also crucial for improving the patient experience and hospital reputation.

CHAPTER : 1 INTRODUCTION

Patient satisfaction is considered a crucial outcome of care and a key indicator of service quality. It is essential for assessing and ensuring the quality of healthcare services. The effectiveness of healthcare is, to some extent, determined by how satisfied patients are. Research has shown that satisfied patients are more likely to use health services, adhere to medical treatments, and remain with their healthcare providers. Conversely, low patient satisfaction can lead to a loss of both new and returning patients, which jeopardizes the long-term sustainability of a hospital.

The healthcare sector's increasing competition necessitates improving patient satisfaction. The market has shifted from being provider-driven to patient-driven, making the patient central to all considerations. In today's fast-paced world, patients seek efficient and seamless services. They are more informed and quality-conscious than ever before. Hospitals face the challenge of meeting these heightened expectations with limited resources. Thus, maintaining high quality that translates into patient satisfaction and profitability is crucial. Conducting patient expectation surveys is an effective method to ensure this.

By applying the results of these surveys to the planning and development of healthcare services, hospitals can enhance their chances of achieving patient satisfaction. Therefore, to meet patient satisfaction goals, hospitals must advance technologically and focus on quality service. Reaching out to patients and understanding their needs is vital for a hospital to stay competitive and thrive.

The bottom line of every business firm is to create surplus. An organization engaged in producing goods or providing services has customers or consumers, without whom it would have no reason to exist. If the organization fails consistently to satisfy them, the commercial aspect ceases thus turning it into a non-profit organization. Though it may still continue to exist but it will cease to be called a business organization. For an enterprise engaged in manufacturing or selling goods,

or generating and providing services, the satisfaction of customer needs is utmost importance as the taste and preference of customers vary extensively.

Consumer satisfaction is an escalating priority for hospitals. As hospitals ramp up their marketing strategies to attract patients, ensuring high levels of patient satisfaction becomes critically important. The tendency of individuals to choose hospitals based on recommendations from friends and family underscores the significance of the consumer perspective.

Literature highlights patient satisfaction as crucial in two main ways:

1. As an important outcome measure on its own.
2. As a significant factor influencing subsequent health outcomes.

Quality assurance has repeatedly become part of the everyday vocabulary of clinicians, researchers and administrators in health care system. Dr. Francis Clifton, an 18th century English physician, promoted the basic principles of this process. Dr. Ernest Codman advocated an “end result system of hospital organization” in Massachusetts at the turn of the century, the endeavor eventually led to the formation of the American College of Surgeons and establishment of the Joint Commission for Accreditation of Hospital in 1951.

Several characteristics for monitoring and evaluation of departmental activities are provided in the Joint Commission on Accreditation of Hospital Organization standards for quality assurance activities. In general such activities should be: -

- Planned, systematic and ongoing
- Comprehensive
- Based on indicators and criteria agreed upon by the departmental (or service) staff and acceptable to the facility.

- Up-gradation based on routine data collection and their periodic analysis and evaluation.
- Appropriate actions to resolve identified problems.
- Continuous efforts to achieve ensure that the improvement in care and performance.
- Integrated, that is, information derived from departmental monitoring & evaluation activities should be shared with other services and merged as appropriate, with information obtained throughout the facility .

Determining the quality of healthcare is complex. While patient outcomes are often seen as the ultimate measure of success and satisfaction, these results can be challenging to assess objectively. Although outcomes undeniably reflect the quality of care – whether excellent, poor, or mediocre – there's a broader consensus that providing good care is fundamentally about meeting patients' social and professional expectations.

Patient satisfaction in general hospitals hinges on two key factors: medical treatment and overall hospital experience. Medical care encompasses physician expertise and treatment plans, while hospital services include accommodations, amenities, and staff conduct. Research by Inguanzo highlights that although medical quality is crucial, patients' perceptions of non-medical aspects, such as food, cleanliness, and staff behavior, significantly impact their overall impression of care. Negative perceptions can deter potential patients and harm a hospital's reputation.

Inguanzo advocated for a systematic approach to gathering patient feedback on all aspects of their hospital stay. This information can pinpoint areas of strength and weakness in service delivery, ultimately enhancing patient satisfaction. By addressing shortcomings through targeted improvements, hospitals can significantly reduce dissatisfaction

CHAPTER 2: REVIEW OF LITERATURE

The significance of patient satisfaction has been a topic of discussion for over two millennia. In ancient Rome, Plato's "The Statesman" featured a speaker who suggested that doctors, because they demand payment and perform surgeries, should be under strict oversight. This could be achieved by seeking opinions on diseases and the use of medical treatments.

Similar to other service industries, healthcare is increasingly judged based on consumer feedback. Donabedian noted that patient satisfaction is a crucial outcome of care and essential for assessing and managing healthcare quality. The Joint Commission on Accreditation of Healthcare Organizations' Quality Improvement Task Force emphasized the importance of patient satisfaction surveys, intending to make them mandatory by 1992.

Patient satisfaction surveys have gained traction in healthcare, driven by the belief that perceived quality influences service demand and provider behavior. Ware mentioned that patient satisfaction impacts provider usage and malpractice suits. Davies-Avery and Stewart highlighted two reasons for these surveys: patient satisfaction, along with health status, is a key outcome of medical care, and it provides valuable information about care quality. Moreover, satisfaction predicts future patient behavior, aiding health policy formulation.

Woolly F. identified four determinants of patient satisfaction:

1. Satisfaction with outcomes
2. Continuity of care
3. Patient expectations
4. Doctor-patient communication

These findings build on research by Korsch, Gozzi, and Francis, who found higher satisfaction when physicians were friendly and met patients' expectations. Larson and Rootman linked

physician performance with patient satisfaction. Wilson and McNamara's study using simulated doctor-patient encounters showed that good bedside manners couldn't compensate for poor technical skills, emphasizing that understanding patient perceptions is key to improving healthcare. Stimson and Webb also linked patient satisfaction to perceived care outcomes and expectations. Kinley, Bradshaw, and Ley found that patient satisfaction was significantly associated with the information provided by physicians, which also affected compliance.

Many studies, including one by Carey and Provasac in 1982, highlighted the influence of interpersonal skills and perceived technical competence on patient satisfaction. Their survey revealed that the perception of nursing care was crucial for overall satisfaction, identifying four key determinants:

1. Support and kindness of nursing staff
2. Perceived competence of nursing staff
3. Prompt responses to call buttons
4. Clear answers to patient questions

Hulka and Zyzanski identified continuity of care as another critical factor, noting that satisfaction varied based on whether patients had a regular doctor and the time between visits. Nelson-Wernick and others suggested that familiarity with a hospital reduced anxiety and improved satisfaction. Weiss and Ramsey found that greater continuity in the physician-patient relationship led to higher satisfaction.

The quality of technical-administrative management also affects patient satisfaction. A study by the National Research Corporation for Voluntary Hospitals of America found that 54% of respondents could identify high-quality hospitals based on factors like knowledge, technological advancement, and administrative competence. Lemke's research showed that housekeeping, admission, and food services also impacted patient satisfaction.

Ray in his study of opinions of patients to measures degree of satisfaction in 1972 at a 750-bedded teaching hospital in New Delhi concluded that there was a predominance of human factor over physical factors in evoking feelings of satisfaction or dissatisfaction. He former was influenced by work-worthiness of the hospital staff whereas the latter required additional resources and increasing expenditure. This study revealed statistically significant differences in the number of fully satisfied patients in respect of items like “admission, medical treatment and opportunity to talk to doctors, information regarding illness, cleanliness and quietness of environment”.

Timmappaya observed that though patients are the key persons in the hospital, very little had been done to study their attitudes, expectations etc. in India. The fulfillment of the needs of the patient depended on the thinking, assessing and implementing directions of the top administrators. Whenever plans are drawn for improving the patient satisfaction in our hospitals, these plans mainly concern with better architectural designing for the hospital, more equipment and more staff. The administrators perhaps feel the dissatisfaction of patients in hospital has been a result of either inefficiency of the staff or because of short supply of drugs or due to heavy rush of work etc. These assumptions may not be true since they have never been taken to ensure as to what the patient actually need.

Timmappaya and others have tried to demonstrate that it is always inefficiency of the doctors or lack of equipment or the cleanliness of the wards, which could be accounted for patient's dissatisfaction. It had been observed that patients who visited general hospital were not very particular about the cleanliness or a better hospital building or -about anything, which could be called the service aspect of the -'hospital. They were even satisfied with soiled sheets given to them. They were not much satisfied with the stinking, bathroom or even with misbehaviors of class IV employees. -

Ware and his colleagues using factor analytic methods have found 18 dimensions of patient satisfaction. They postulated four main dimension:

1. Access to care of Continuity
2. Availability of service
3. Physician conduct

Inguanzo and Harju in their study (1985) on consumer satisfaction with hospitalization observed that the perceptions of non-medical-factors played a substantial role in the patient's overall evaluation of his or her hospital stay. If a patient left the hospital with negative impressions of these areas, the hospital was likely to lose its image. The consumers in this study were asked to express their degree of satisfaction with four factors relating to the hospital stay, viz:

1. Nursing care
2. Appearance of room
3. Attitudes of hospital staff
4. Quality of food.

In assessing the degree of satisfaction with these four factors, consumers most often responded that they were moderately satisfied with attitudes of hospital staff [78%], followed closely by room appearance (74%) and nursing care (73%). 46% responded that they were moderately satisfied with quality of food. Consumers gave variety of specific reasons for their dissatisfaction with a specific category: for example, discourteous nurses (36%) was the reason given most often for dissatisfaction with nursing care, followed by not enough personnel (30%) and the complaint that nursing did not respond properly (26%). Such responses indicate that, hospitalized patients want a certain degree of individualized attention. The reason given most frequently for dissatisfaction with appearance of the patient rooms were dirty (30%), old furniture (28%) and not cheerful environment (16%). The reason cited most often for dissatisfaction with attitudes of hospital staff was lack of courtesy (67%) and other dissatisfies were that the staff didn't explain or the patients had to wait too long for an explanation (12%). Patient's objections concerning food during

hospitalization were bad tastes (49%) didn't like the choice (26%) and poorly prepared (25%).

Sequeria surveyed patient attitude towards medical treatment, management, doctors, nurses etc. Patient's reactions were not found to be favorable in areas of service of food, clothing, library and recreational facilities. Peterson and other found that physician personality and his bedside manners were more valued than his professional knowledge.

Various studies revealed the role of socio-demographic characteristics like age, sex, education and income in determining the degree of patient's satisfaction.

2.1 Age

While most studies in the past decade found no significant relationship between age and patient satisfaction, some reported that older patients are more satisfied with medical care. Diamant and Hays suggest that older patients may view physicians more favorably or receive better care due to physicians' sense of urgency. Linn and Greenfield found that elderly satisfaction is influenced by improvements in physical health, provider attributes, and care convenience. They also noted that the elderly are less likely to complain about long office waits, seeing them as social opportunities. According to Kasper, satisfaction with healthcare matters more to the elderly, who have more provider interactions and chronic conditions, making care providers more integral to their lives.

2.2 Sex

Most research indicates that there is no significant correlation between patient satisfaction and gender. Nevertheless, a few studies have shown that women tend to be slightly more satisfied with the medical care and physicians they receive compared to men.

2.3 Information Regarding Ailment

Timmapayya and colleagues found that communication of the diagnosis ranked lowest in both medical and surgical wards, indicating high dissatisfaction. Christer's study in Sweden showed that 62% of patients wanted to read their own case records, and 69% wanted written information. Patients also sought better information on procedures and outcomes. Only 2.3% did not wish to be informed about their outcomes. Seal found that 34.3% of his patients were interested in the progress and results of their ailments, while Ray found that 14.88% were dissatisfied with information on their conditions and progress.

2.4 Communication

Effective-communication between physician and patients is crucial for the delivery of quality of health care. Communication in the medical consultation is a complex process in which the physician and the patients produce and assign meaning to an array of verbal and non-verbal messages. Some of these messages are physical examinations, prescribing treatment etc., whereas other reflects the nature of the relationship between them, interactions such as friendly, concerned attitudes etc. Because the communicative process is complex, some of the messages many times are more salient than the others in the minds of the interactors depending on their respective expectation. In the context of pediatric patients, which occupy 7.5% beds, as per Jain Committee recommendations this doctors-patient communication is replaced by the following:-

1. Informativeness: - Refers to the quantity and quality of medical and health information received from the doctors.
2. Inter-Personal-Sensitivity: - Which consists of behaviors in the affective domain that reflect the doctor's attention to and interest in the parents and Child's feeling and concern.

Informative ness and Interpersonal sensitivity: From the patient's perspective, it is important that physician is both informative and inter-personally sensitive. Patients and parents expect doctors to

be informative and experience. Considerably more satisfaction is drawn when this expectation is met than when they are not. Numerous studies in adult and pediatric have reported statistically significant correlations between patient satisfaction and perception of doctor's friendliness, warmth and concern for the patient as a person.

2.5 Race

Relationship between patient's race and patient satisfactions with medical care is inconclusive. Most studies had reported that race and satisfaction were unrelated. However, some studies found that white reported greater satisfaction than black.

2.6 Education

Studies examining the relationship between patients' educational backgrounds and satisfaction have yielded mixed results. Most research suggests that educational attainment does not affect satisfaction. Hulka and Zastaway found a positive relationship between education level and patient satisfaction, while Linn and Chaska et al. observed lower satisfaction among more educated patients. Boles, in a longitudinal study of Medicare beneficiaries in various Health Maintenance Organization (HMO) models and fee-for-service care, discovered that education had a significant positive impact on initial satisfaction levels.

2.7 Income

Some research had reported less patient satisfaction in the lowest social class or income group. While other studies had reported that income and patient satisfaction were unrelated.

In an attempt to resolve these inconsistencies, Fox and Storm had suggested the importance of examining the effect of two intervening variables- Orientation towards care and condition of care. They confirmed through an exploratory study with more than 2500 Baltimore area residents those patients whose expectations for treatment style and illness understandings were more, likely to feel

satisfied with medical encounters.

2.8 Health Status

A number of studies have examined the relationship between a person's health status (e.g. number of symptoms, extent of disability, and perceived health status) and satisfaction with care received. On one hand, it is possible that people who are very sick may be more demanding and thus less satisfied. Tessler and Mechanic focused on self-rating of health, Chaska et al on disability; all found that those in poor health were less satisfied patients.

2.9 Need for a Survey

There are several compelling reasons for health professionals to consider patient satisfaction as an important metric. Firstly, strong evidence suggests that satisfaction is a crucial outcome measure, potentially indicating whether patients will adhere to recommended treatments or seek a different healthcare provider. Additionally, satisfaction is proving to be an increasingly valuable tool for evaluating consultations and communication patterns, including the effectiveness of information delivery, patient involvement in care decisions, and reassurance. Lastly, systematic patient feedback can inform decisions about alternative healthcare organization and delivery methods.

2.10 Reliability

Reliability pertains to how consistently a questionnaire yields the same results when administered on different occasions. Assessing this can be challenging because discrepancies between two administrations might reflect actual changes in patient opinions. A few studies have explored the test-retest reliability of patient satisfaction questionnaires, but the findings have been disappointing. An alternative method for assessing reliability is through split-half reliability, which evaluates the consistency between two halves of a questionnaire. Each section of the questionnaire is designed to measure a specific aspect of satisfaction.

Rice reported test-retest reliability of a scale measuring patient's attitude towards hospital care; with maintaining a weekly gap in administration of his ward atmosphere scale, he found a total score reliability of 0.92 and good subscale reliability (more than 0.80) as well. Most studies examining patient's attitude do not report reliability of their measures.

2.11 Designing a questionnaire and conducting surveys Designing a questionnaire and conducting surveys for patient satisfaction involves two main approaches: episode-specific or general focus. Recent data analysis shows that episode-specific questionnaires yield more favorable responses than general ones.

Questionnaires can also directly ask about satisfaction (e.g., "How satisfied were you with...?") or use indirect questions (e.g., "Did the doctor answer all your questions?"). Both methods have their merits, but no clear advantage exists for either approach.

Patient satisfaction is multidimensional, so specific questions are more effective than global judgments. Simple "Yes" or "No" answers lack variability, so surveys typically use a range of responses from "Extremely satisfied" to "Very dissatisfied" for greater precision. Generally, a five-point response scale is considered adequate.

Advanced questionnaires often use Likert scales (e.g., from "Strongly agree" to "Strongly disagree") for reliability. The summed scores of these responses represent the patient's overall view.

For self-completion questionnaires, clarity, ease of use, and an explanation of purpose are crucial. Background variables like age, sex, education, and social class are important as they can influence satisfaction levels, though it's challenging to determine if this is due to differences in expectations or actual care quality.

2.12 Piloting a questionnaire

It's essential to pilot a questionnaire on a sample of respondents before the full survey to predict potential problems. This helps examine the clarity and acceptability of the items. Open-ended comments can reveal additional issues. Checking the variability of answers ensures the questionnaire is informative. Piloting also helps refine explanation methods, presentation aspects, and examine the reliability of the questionnaire

2.13 Survey Sample

When conducting patient satisfaction surveys, it's crucial to clearly define the population whose views are relevant. Only document the views of patients who have received services at the specific hospital. Researchers must then decide whether to survey every individual (census) or a representative sample. Sampling methods include Random, Systematic, or Quota Sampling.

- **Random Sampling:** Each member of the population has an equal chance of selection.
- **Systematic Sampling:** Every nth patient is selected (less reliable).
- **Quota Sampling:** Ensures representation by selecting variables like age, sex, and social class.

Ensure anonymity and confidentiality to encourage honest responses. Use statistical tools, such as SPSS, for effective data analysis. Key analysis methods include:

- **Combining single satisfaction items into summed scales** for reliability.
- **Subgroup analysis** for detailed insight

CHAPTER: 3 AIM AND OBJECTIVES

Brief Description of Hospital: The survey was done in a 130 beds privately owned super specialty hospital. It is dealing in most of the major specialties. The hospital has an experienced medical, paramedical staff and most the diagnostic facilities and equipments. It is approved for treatment of people of various Government and Corporate Companies, Insurance Companies and allTPAs (Third Party Administration). The hospital administration is open to suggestions and is ready for any improvements possible at its end to serve thecommunity. Its endeavor is to provide prompt and courteous service to all thepatients.

AIM:

The basic aim of this study was to find out the satisfaction level of the inpatients(patients admitted in the wards) of this private hospital in Chanakyapuri, New Delhi. This evaluation procedure is undertaken with information obtained fromthe volunteered patients just prior to their discharge from the wards so as to assess the efficacy of_ hospital services. The evaluation of efficacy shall includeall the aspects, of patient services and care in the hospital including reception, management by nurses and doctors, diagnostic services, housekeeping services, food services, hospital facilities, discharge process, behavior of staff , overall outcome of the treatment and overall hospital experience. Suggestions and comments from the patients were also welcomed.

OBJECTIVES:

Present research study was undertaken on inpatients with the followingobjectives:

- Evaluate inpatient perceptions of hospital care and facilities.
- Assess overall inpatient satisfaction and its determinants.
- Identify service strengths, weaknesses, and improvement strategies.

CHAPTER 4: NEED FOR SATISFACTION SURVEY

Patient satisfaction is paramount for hospital success. As healthcare becomes more accessible and competitive, meeting patient expectations is crucial. Hospitals must prioritize patient needs through effective marketing, service delivery, and communication. Regularly measuring patient satisfaction through surveys helps gauge performance, identify areas for improvement, and inform strategic planning. Ultimately, a patient-centric approach is essential for building loyalty, positive word-of-mouth, and long-term success.

Role of Satisfaction survey

Patient satisfaction surveys are used for learning about the patient's experience, which in turn should become the basis of any quality improvement program. Questionnaires can be designed to focus on specific dimensions of patients' experience.

With increasing competition in health care industry and given the push toward increased provider accountability and health care quality improvement initiatives, there is no question that the attention and weight given to patient satisfaction is going to decrease.

Issues with patient satisfaction surveys

- Patient satisfaction is a complex and inconsistently measured concept.
- Patient satisfaction surveys are resource-intensive and often misused as marketing tools.
- Rigorous methodology is needed for accurate patient satisfaction measurement and improvement.
- Surveys should focus on quality improvement, not just marketing claims.

CHAPTER 5: PRIMUS SUPER SPECIALITY HOSPITAL

- ❖ Primus Super Speciality Hospital that situated in Chanakyapuri, New Delhi a Multi-disciplinary Super Speciality Hospital. The infrastructure, equipment and technology have been specially integrated to international standards and standard for providing globally compatible specialty healthcare.
- ❖ Equipped with state of the art technology specially matching international standards, the hospital offers a complete range of medical and surgical specialties, for both OPD & IPD

5.1 OUTPATIENT FACILITIES

General OPD & Private OPD in all major specialties and super specialties are conducted by the institute.

- ❖ General OPD - Specialties - 10:00 am to 5:00 pm

5.2 DEPARTMENTS :

Center Of Excellence

- Orthopaedics - Joint Replacement & Trauma Care
- Spine Care
- Neuro Science
- Pulmonology
- Cardiology
- Gastroenterology
- General, Minimal Access & Bariatric Surgery
- Nephrology & Renal Transplant
- Urology- Kidney Care
- IVF & Fertility Clinic

Other Specialities

- Internal Medicine
- ENT
- Interventional Radiology
- Gastroenterology
- Medical Surgical Oncology
- Geriatric Medicine
- Rheumatology
- Dermatology
- Mental Health & Behavioral Science
- Vascular & Endo Vascular Surgery
- Palliative Care
- Aesthetic Medicine & Reconstructive Surgery
- Hematology
- Endocrinology
- Dentistry
- Ophthalmology
- Anesthesiology
- Radiology
- Lab Medicine
- Blood Bank
- 24x7 Emergency & Trauma
- Bio Medical Report

5.3 INPATIENT FACILITIES

Wards / Accommodation - TV cable services,CCTV monitored security, DG backed power supply and responsive schedule of charges.

- ❖ Suite
- ❖ Deluxe Private
- ❖ Semi Private
- ❖ Economy

5.4 SERVICES

Emergency- 24 hour services and team of experts from all disciplines round the clock with attached emergency operation theatre and critical observation ward.

Fully Automated Pathology Laboratory Centrally located, we provide a comprehensive array of diagnostic services supported by advanced investigative equipment to ensure precise and dependable results. Our patient-friendly sample collection system enhances the convenience of our services. The laboratory offerings encompass Hematology, Clinical Pathology, Clinical Biochemistry, Microbiology, Immuno-Assay, Histopathology, and Cytopathology.

Diagnostic Services - The Radiology and Imaging System. All under one roof equipped with Dual Slice Scanner, Sub second with all advanced applications for CT Angiography. Volume rendering, Digital Fluoroscopy, and Compound Radiography CR system and Color Doppler, Ultra Sonography. Other services include: -

- ❖ X-Ray
- ❖ Ultrasound
- ❖ Bone densitometry
- ❖ Mammography

Blood Bank - Primus provides 24/7 services to support both elective and emergency blood needs.

Our facility is equipped with the latest apheresis machine for component separation, meeting all platelet requirements. Whole blood and its components are stored in specialized blood bank refrigerators, platelet agitators, and deep freezers to ensure optimal preservation..

Operation theatre Complex – Primus’s facility boasts seven operating theaters built to international standards, featuring a central supply system and laminar air flow. The walls are clad in stainless steel and the floors have an epoxy coating, creating an electrostatic and infection-free environment. Each room is equipped with specialized electrically operated tables, advanced operating lights, and anesthesia machines.

CHAPTER 6: METHODOLOGY

6.1 Materials

The study was conducted amongst clientele of Primus Super Specialty Hospital, 130 bedded centrally air-conditioned and fully computerized Super-specialty hospital offering advanced medical facilities equipped with latest medical equipments in West Delhi.

6.2 Methodology

After review of available literature, it was decided to carry out an opinion survey of the patients admitted to Primus Super Specialty Hospital based on a pre-structured questionnaire. A questionnaire was developed based on patient's expectations. Information discussions were held with representatives of administrative, medical, paramedical and non-medical staff of the hospital to explain the purpose of the study and to solicit their co-operation.

6.3 Study

Using a preliminary questionnaire a survey was carried out of the admitted patients either during treatment in the hospital or at the time of discharge. Based on the survey report, the final questionnaire was designed which is simple and easily understandable to patients and their relatives (questionnaire attached at Appendix 'A'). All the questions were given five alternatives. Weighted answers are as shown below:

- | | | |
|---|-------------------------|---|
| • | Highly Dissatisfied | 1 |
| • | Moderately Dissatisfied | 2 |
| • | Just Satisfied | 3 |
| • | Moderately Satisfied | 4 |
| • | Highly Satisfied | 5 |

The survey was conducted by asking patients to fill the questionnaire. While conducting the survey, the patients were assured of anonymity and confidentiality.

Stratified random sampling technique was used to select the sample to have proportionate representation of patient's economic strata.

6.4 Analysis of Data

The responses to the questionnaire were analyzed to find out the degree of satisfaction amongst clientele in respect to various intra-hospital variables, and causes for dissatisfaction, if any, were also looked into to build up the confidence of the clientele and to improve the image of the Hospital. The following characteristics were also analyzed:

6.5 Age

Patients were divided into three age groups and satisfaction level was analyzed.

Group I	-	upto 25Yrs.
Group II	-	26-50 Yrs.
Group III	-	more than 50 Yrs.

6.6 Sex

Satisfaction level with male and female patients was compared.

6.7 Socio-economic Group

The satisfaction level with different socio-economic group viz. private. Semi private and economy was also analyzed.

6.8 Education

Degree of satisfaction with education grouped under the four different classes viz. illiterate, literate, matriculate and graduates and above were compared.

6.9 Previous hospitalization

The satisfaction degree of patients who had history of previous hospitalization either to the same hospital or other hospital or had no previous hospitalization was analyzed.

6.10 Length of stay

Patients were divided into four groups depending on their length of stay group I to 7 days, Group II from 8-14 days. Group III between 15 and 21 days and group IV more than 21 days stay. The degree of satisfaction and length of stay was analyzed.

Major dissatisfied and satisfied patients were identified and recommendations were made for obviating the dissatisfaction and to improve the client satisfaction.

6.11 Limitations of the study

Clientele satisfaction survey sometimes does not give the true picture, as the patients don't want to express their negative views about the staff engaged in their care. Moreover the patients still treat Doctors as next to God and don't want to complain about them, more so when they are very sick and about to die.

In today's world of Globalization there is increased competition in the Healthcare industry and for survival, every Hospital must have its core competence so that it can attract and retain the patients by providing best services in all areas.

CHAPTER 7: OBSERVATIONS

Primus Super Specialty Hospital built to the capacity of 200 beds and at present operating with 130 beds is a centrally air-conditioned hospital offering world class services in all broad specialties and super specialties. It is spread over 6 acres of well landscaped land and housing facilities in 1 lac square feet of built up area.

The study was conducted with the help of a structured questionnaire and interview of the patients.

A total 120 questionnaires were served to randomly selected population of patients. The sample of 120 patients selected for this study had the following characteristics.

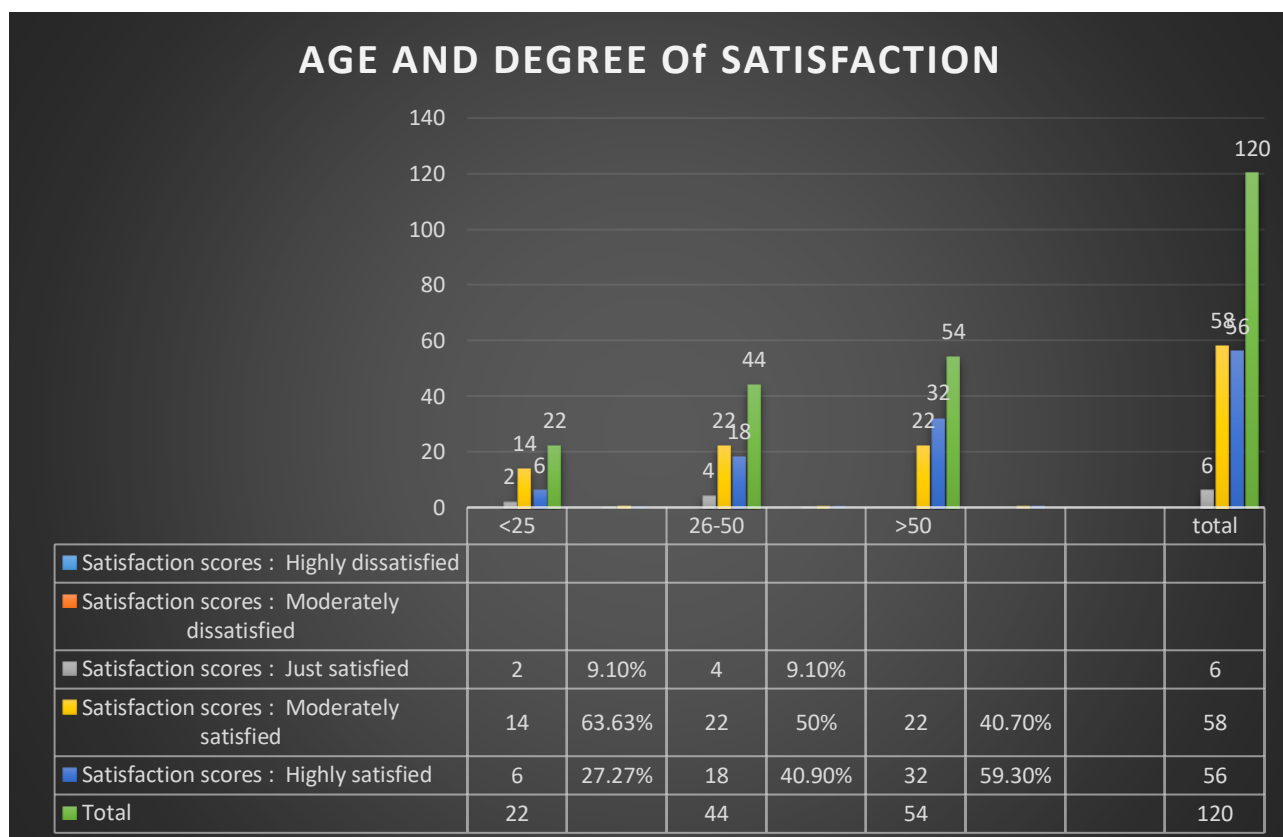
	Sample	size	Code
Age			
Up to 25 years	22		A
26-50 years	44		B
Above 50 years	54		C
Sex			
Male	48		M
Female	72		F
Education			
Illiterate	Nil		I
Literate (less than Matriculate)	36		L
Matriculate	42		M
Graduate and above	42		G

Status			
Pvt. Ward	35		A
Semi Pvt.	24		B
Ward Economy	25		C
Length of Stay	Sample	size	Code
0-7 days	100		A
8-14 days	20		B
15-21 days	nil		C
> 21 days	nil		D
Previous HospitalizationSame hospital	46		S
Other hospital	-		O
No hospital	74		N

7.1 Age and degree of satisfaction

The respondents were segregated into three groups based on age i.e. < 25 yrs., 26-50 yrs. and >50 years and their scores of overall satisfaction are presented in Graph No.1.

GRAPH NO. 1 : AGE AND DEGREE OF SATISFACTION

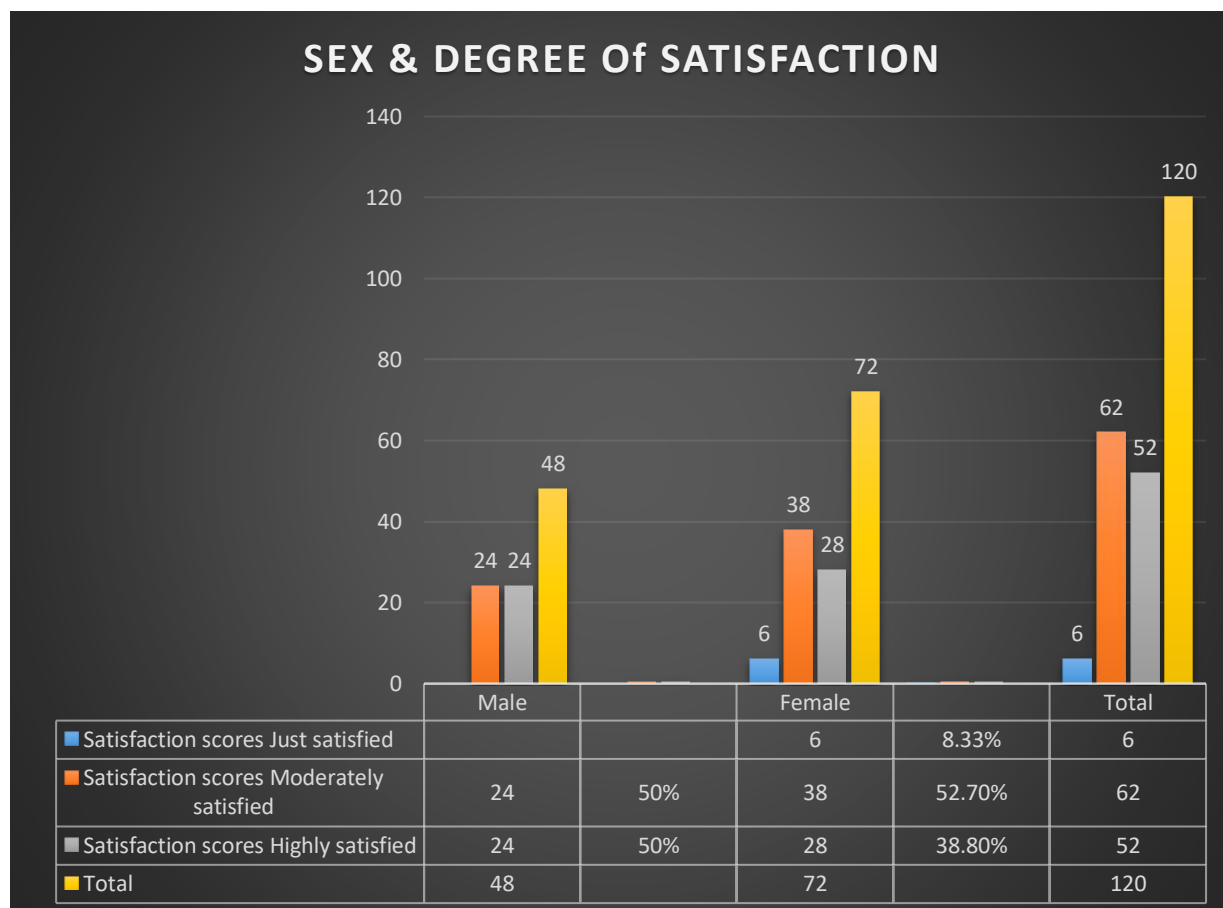


Age group of 26 to 50 years comprised of 4 patients who were just satisfied, in the age group <25 years there was 2 patients were just satisfied, 63% were moderately satisfied and 27% were highly satisfied.

7.2 Gender and degree of satisfaction

The gender wise scores of overall satisfaction are submitted in Graph No.2.

GRAPH NO.2 : SEX & DEGREE Of SATISFACTION

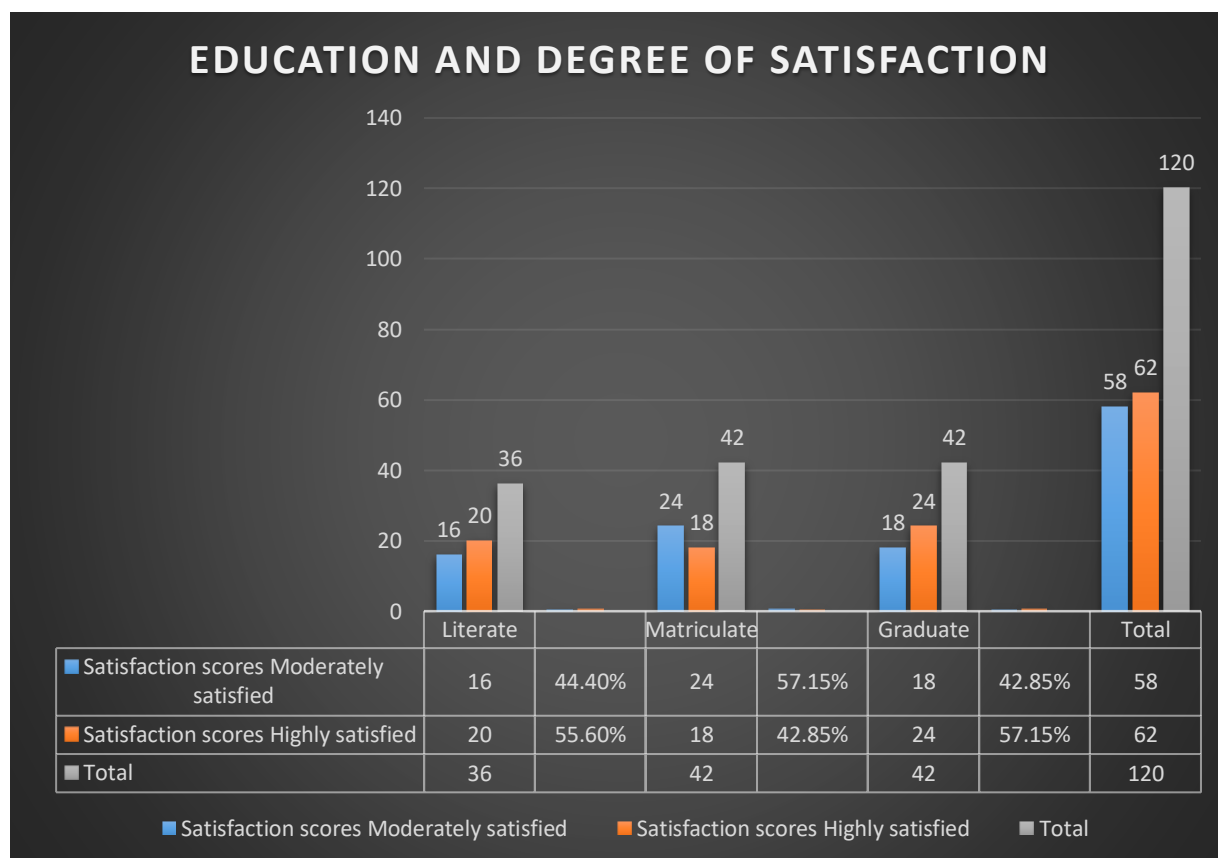


Out of total 48 males, 24 patients were moderately satisfied and 24 were highly satisfied. On the whole 100% in this group were moderately/highly satisfied whilst among females 38 out of 72 i.e. 52.7% were moderately satisfied and 38.88% were highly satisfied.

7.3 Education and degree of satisfaction

The respondents were classified by education into four categories and their responses are summarized in Graph No.3.

GRAPH NO.3: EDUCATION AND DEGREE OF SATISFACTION

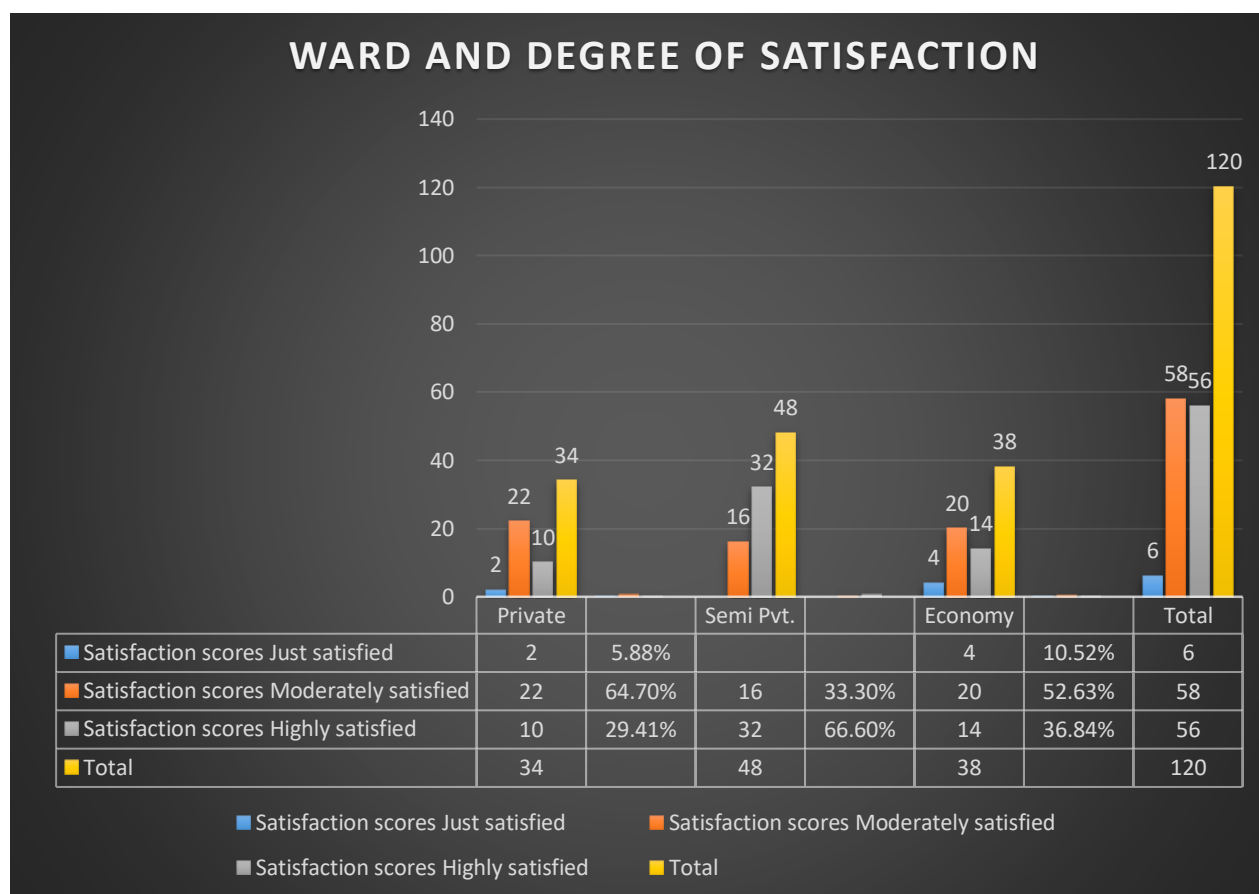


It can be seen from above table that all were in satisfied group. In graduate category 24 out of 42 were highly satisfied (57.15%). In literate category only 16 were moderately satisfied.

7.4 Ward category and degree of satisfaction

The scores of respondents of different category of wards in the Hospital are summarized in Graph No.4

GRAPH NO.4: WARD AND DEGREE OF SATISFACTION

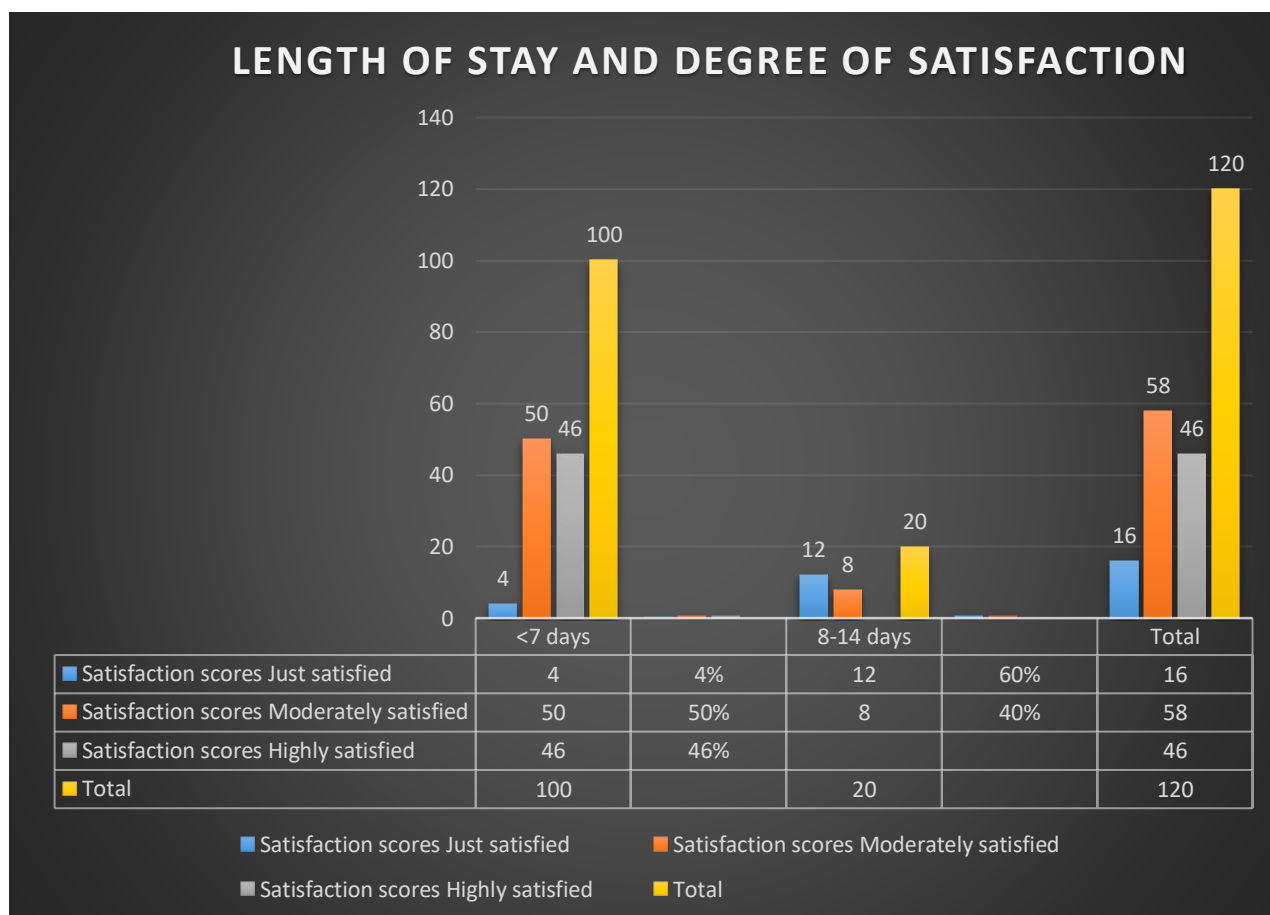


2 out of 34 in private ward, and 4 out of 38 patients in economy ward were just satisfied. Rest all were moderately / highly satisfied with overall hospital

7.5 Length of stay and degree of satisfaction

The scores of respondents having different length of stay are summarized in Graph No.5

GRAPH NO.5: LENGTH OF STAY AND DEGREE OF SATISFACTION

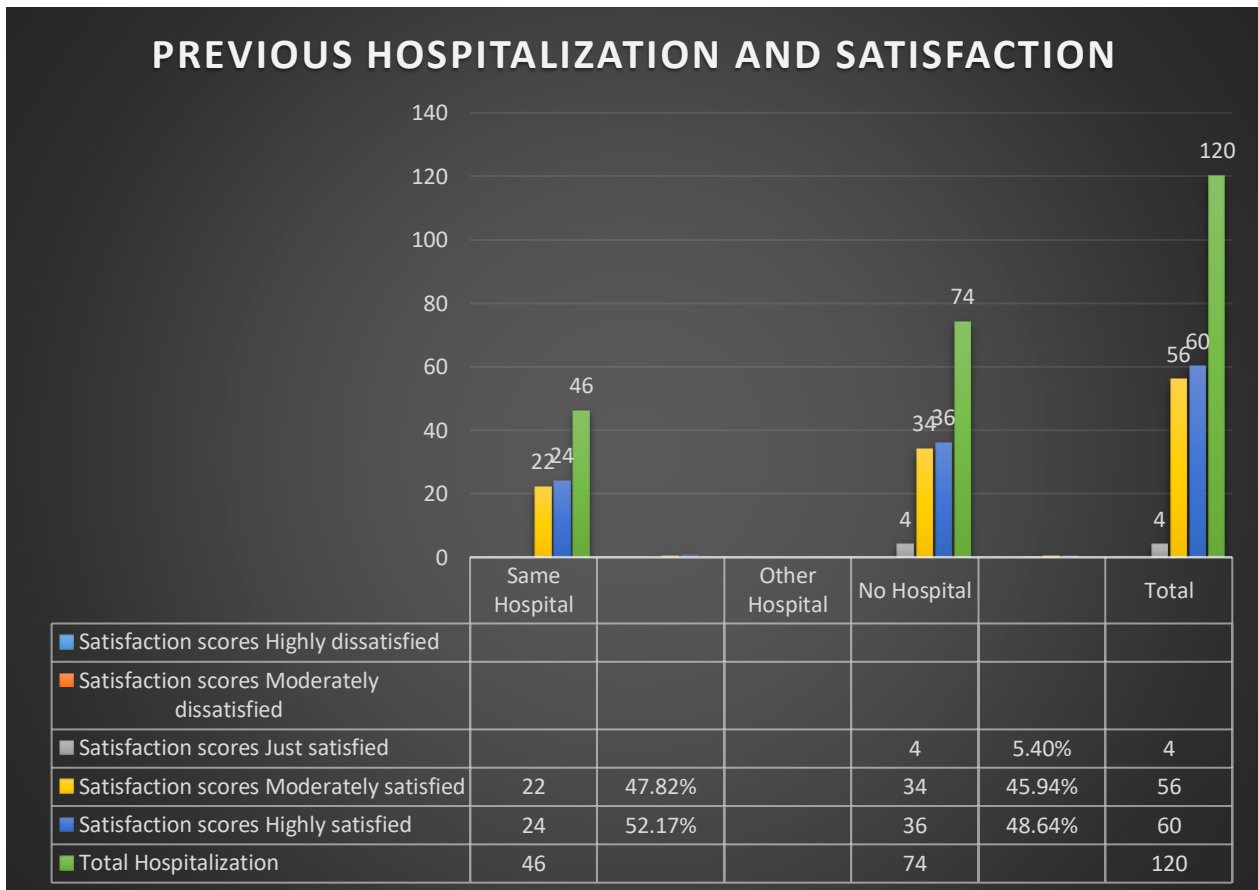


It is seen from the above graph that all were overall satisfied in the hospital whether they were in the hospital for 7 or more days.

7.6 Previous Hospitalization and degree of satisfaction

Graph No.6 below summarizes the satisfaction scores of respondents with history of previous hospitalization, if any:

GRAPH NO. 6: PREVIOUS HOSPITALIZATION AND SATISFACTION

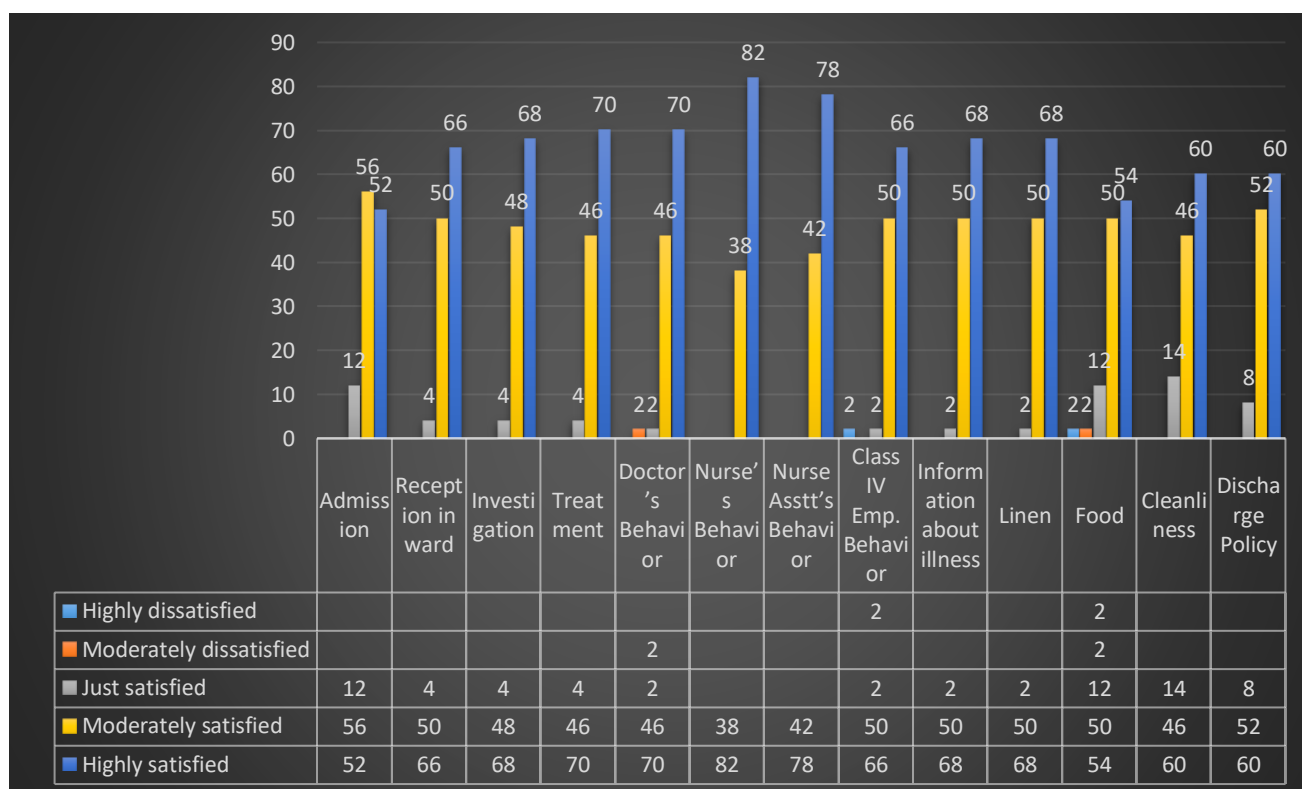


Out of 46 patients who are admitted to the same hospital earlier, 24 (52.17%) patients were highly satisfied whereas 4 out of 74 were just satisfied in non- hospitalization group.

7.7 Satisfaction Score with each Intra-hospital variables

The responses of patients on their satisfaction with all intra-hospital variables are summarized in Graph No.7

GRAPH NO.7: INTRA-HOSPITAL VARIABLES AND SATISFACTION



Ranking of Intra-hospital Variables with highly satisfied response(score5)

- Nurse's Behavior
- Nursing Assistant's Behavior
- Treatment
- Doctor's Behavior
- Information regarding illness
- Investigation
- Linen

7.8 DISSATISFIERS / IRRITANTS TO SATISFACTION

It was observed that following variables were dissatisfies or irritants to the satisfaction. The percentage and rank of each is shown in Table No. 1 below

TABLE NO 1: RANK WISE DISSATISFACTIONS

	Rank variable	% of dissatisfaction
1.	Food	3.32%
2.	Behavior of Doctor	1.67%
3.	Class IV Employee's behavior	1.67%

Each of these dissatisfies was further analyzed to ascertain specific reasons for the dissatisfaction. Each of these variables is discussed at length with specific factors leading to dissatisfaction per se.

FOOD

3.32% of the respondents' showed dissatisfaction with food served to them. According to them the food was of poor quality and lacked variety and was poorly prepared. Food had no taste, wanted the timings to be changed specially dinner to be served at 2000 hrs. instead of 1900 hrs. and breakfast 0800 hrs rather than at 0700 hrs.

BEHAVIOR OF CLASS IV EMPLOYEES

Out of 60 patients who responded to this question only 1 was dissatisfied with this aspect. The reason for dissatisfaction is that the staff was rude, indifferent and discourteous.

BEHAVIOUR OF DOCTOR

Only one patient complained that the doctor was discourteous to talk to when attendant wanted to know in detail about his patient's illness.

CHAPTER 8: ANALYSIS

The study of clientele satisfaction at Primus Super Specialty Hospital was undertaken by selecting 120 patients having different socio economic status. The overall and variable specific satisfaction level was analyzed to see whether they had any association with patient characteristics like age, education, status, length of stay, severity of illness and previous hospitalization experience.

This study revealed on overall satisfaction. There is very high degree of satisfaction elicited so far in many studies. Ray reported 90.35% overall satisfactions. This high overall satisfaction could be attributed to number of factors. Firstly, this hospital took care to improve it efficiently and to facilitate the services rendered to its clientele. These improved services may be the reasons for the high degree of overall satisfaction. Secondly, it is felt that health professional seem to estimate greater degree of dissatisfaction in their patients than surveys disclose. Virtually all surveys indicate that only a few patients express negative about any particular issue. Such survey revealed that at least 90% of the respondents express satisfaction at any given question. It is also felt that patients are not competent enough to make valid judgment about the professional care they received. What patients perceived is the extent of friendliness and interpersonal behavior. As this study has revealed high degree of satisfaction with behavior of doctors & nurses this could be one of the reasons for the high overall satisfaction rates.

8.1 Age and overall satisfaction

It was revealed that older age group patients showed a high degree of satisfaction compared to younger patients. The finding of this study is in conformity with studies conducted by Linn and Greenfield. They found that elderly patients' satisfaction is more a function of improvement in physical health, the personal attitude of provider and cost of convenience, as they like to socialize more. The reason for the

difference in satisfaction level revealed in this study could be that older patients view physicians show more concern and urgency in treating older patients due to their chronic conditions and limitations in functioning.

8.2 Education

The study also revealed that education was positively related to satisfaction with variables like treatment and information regarding ailment. The probable reason for this, finding is that highly educated patients have better relationship with the staff and easy approach to the doctors and understand their ailment in a better way. This finding is conformity with Boles and Hulka et al who showed that higher education groups have higher degree of satisfaction. However, Linn and Chaska et al opined that satisfaction level was low with highly educated.

8.3 Previous Hospitalization

Satisfaction with reception in ward was significantly related to history of previous hospitalization. It was found that patients who had hospitalization in past to this hospital had a higher degree of satisfaction-

8.4 Length of Stay

Satisfaction with discharge policies and length of stay of patients was found to be significantly relevant. It was found that patients who had prolonged hospitalization were more dissatisfied with discharge policies. The irritants for this dissatisfaction were undue delay in getting them discharge due to administrative reasons. The common reasons for delayed discharge were delays in completion of all formalities. More importantly the approval from the parent organization and TPA (Third Party Administrators)

8.5 Admission Procedure

In the present study 10% of the patients were just satisfied and it was attributed to delays in documentation and completing the formalities. The studies conducted in past by Ray and Royal College of Surgeons revealed similar findings but dissatisfaction was as high as 42.4

8.6 Treatment

Patients are often unable to comment on technical aspects of care provided to them (80). In this study most of the patients were satisfied the treatment given to them. Only two were just satisfied, in both the cases also the patients were having multiple problems, which required prolonged stay in the Hospital. These patients probably had expectations much higher than what services were offered to them.

8.7 Linen and Bed

Patients were generally happy with linen and bed. Patients who were just satisfied with linen showed dissatisfaction over less frequent change, some worn out and old linen and mismatching linen size. Further investigations revealed that the linen in circulation was much lower than the actual requirement of the wards. Moreover linen was not condemned periodically thereby affecting the periodic replacement at the right time.

8.8 Food

It showed a maximum degree of dissatisfaction of 3.34%. The studies conducted by Inguanzo and Harju revealed the dissatisfaction degree of 54%. Eileen and Dioroty reported that 50% of patients in their study were dissatisfied with food. Studies conducted in India revealed high dissatisfaction with food. Bhatia found that dissatisfaction with food was 90% where as Budhraj reported 82% dissatisfaction with females and 90% dissatisfaction with males patients. The dissatisfaction expressed in the present study was attributed to bad quality of food, improper distribution system,

lack of taste and improper meal timings. When the dissatisfiers were further probed to find the root cause for dissatisfaction, following factors were noted. The supply of raw material from Supply Depot, especially fresh vegetables and fruits were of poor quality and monotonous in nature. There was only one dietician authorized at the hospital. Although menu is planned each week, its implementation was not strictly adhered to as meals were being prepared as per the availability of raw material.

These factors probably have led to dissatisfaction of patients highlighted in this study.

8.9 Behavior of Doctor

Most of the patients were satisfied with Doctor's behavior in the present study except one who complained that the Doctor was not courteous in explaining the details about his illness. Even that patient was overall satisfied with the treatment and other supportive services and finally discharged in stable condition. Kinley, Bradshaw and Lay later in 1975 showed that patient satisfaction with the information conveyed by the physician was significantly associated with patient compliance.

8.10 Behavior of Nurses and Nursing Assistant

In this study all the patients were moderately or highly satisfied with the nursing services in the Hospital which is most crucial aspect in determining overall satisfaction as stated by Carey and Provasac.

8.11 Behavior of Class IV employee

Dissatisfaction with this staff was to the extent of maximum. The studies conducted by Khosla did reveal the patients were dissatisfied with the behavior of class IV employee and expected better services and behavior. The findings of the present study show higher dissatisfaction level. Most of the class IV employees in the hospital are on contract basis that lack discipline, training

and motivation for the job. Since most of these employees lack promotional prospects, their motivational level is low which affects their performance that is of transactional nature in the hospital.

8.12 Cleanliness

Only 14 patients were just satisfied with the general cleanliness in the Hospital. A few were dissatisfied with dirty bathrooms and toilets. This figure is much lower as compared to studies, conducted by Budh Raja, which reported dissatisfaction level 68% with female patients and 51% with male patients. The difference is primarily the private/corporate hospitals accord high degree of emphasis on high standard of cleanliness and housekeeping as compared to other Govt. Hospitals.

8.13 Discharge Policies

Most of the patients were satisfied with the discharge system in the Hospital they were given proper directions advise in the ward at the time of discharge. Few of the patients were not so happy with the discharge policy. They were complaining of delay in the return of medicines and billing.

8.14 Others

Other variables like reception in ward, medical attendance, investigation procedure and behaviors of staff nurses and nursing assistant showed overall satisfaction..

CHAPTER 9: CONCLUSION

Patient's satisfaction is a buzzword for commitment to quality of total health care system. Man being biological entity hardly reaches a status for complete satisfaction except for a short while. Hence satisfaction is difficult to quantify on any defined scale of measurement.

This study was conducted at Primus Super Speciality Hospital, New Delhi for a period of three months to find out clientele satisfaction level and to analyze whether characteristics like age, sex, education, status, length of stay and previous hospitalization experiences had any significant association with satisfaction level.

Pilot study was conducted to identify the major intra-hospital variables responsible for satisfaction / dissatisfaction based on which variables were identified and included in the survey questionnaire. A total of 120 patients belonging to different socio economic status were selected for this study. The survey questionnaire used had 15 major questions, which elicited satisfaction response on a 5-point scale. This study revealed that overall satisfaction was good enough. Out of respondents few were just satisfied, some were moderately satisfied and most were highly satisfied. Only few were dissatisfied with one or two variables, which were further probed to know their exact cause so that further improvement in this direction can be made. When scores of overall satisfaction were analyzed across different sample characteristics; it was revealed that the following had strong association.

- Admission satisfaction and status showed that lower status group and their families were less satisfied as compared to higher status group & their families.
- Reception satisfaction and previous hospitalization experience revealed that those patients who were admitted in the past showed higher reception satisfaction in this hospital.
- Almost all the patients were very satisfied with the nursing care given in the Hospital.

- High education showed positive relationship with treatment satisfaction.
- Patients, who were acutely ill showed higher treatment satisfaction as compared to chronically ill patients.
- Higher status groups were more satisfied with information given to them regarding their ailment.
- Patients who had long stay in the hospital were more dissatisfied with the treatment as well as information regarding their ailment.
- The major dissatisfies were factors like food, behavior of doctor and class IV employees. This study highlighted that the dissatisfaction was mostly attributable to the CARE aspects while-the CURE aspects of hospitalization showed high degree of satisfaction. The care aspects in the form of supportive services were required strengthening.

CHAPTER 10: RECOMMENDATIONS

Hospitals are integral organs of society and their existence and sustenance depend on the fulfillment of the felt needs of the society. Therefore the aim of the hospital must be clientele satisfaction, which can be achieved by laying down high professional standards with personalized care based on prompt attention, comfortable hospitalization in an atmosphere of warmth, friendliness and confidence inspiring behavior. Besides professional excellence in patient care, good supportive services are also required to achieve the desired aim particularly for a private hospital like this in this competitive world of globalization.

Keeping in view the observations made in this study the following recommendations have been made which may further increase the degree of clientele satisfaction and enhance the hospital image.

10.1 Admission procedure

It is recommended that sufficient Front Desk Executives should be employed specially to deal with admission procedure of patients. They should be adequately trained in soft skills pertaining to customer focused one to one responsive service delivery. She should be made responsible for all documentation formalities requirement for patient admission so that unnecessary delays and inconvenience to the patient is avoided. The Front Desk Executives must be polite, courteous and of helping attitude because they are the front line interface staff of the Hospital.

10.2 Reception in ward

Although most patient's quote satisfied with reception given to them in the ward, the discontentment expressed by few can be eliminated if there is proper communication and co-ordination between Front Desk Executives and the ward. Whenever patient is advised admission the concerned FDE should guide him to the concerned ward and inform the wards about the arrivals

of patients and their health status. Once ward is informed about patient's arrival, there should be proper bed allotment and all other plans to avoid delay in initiation of treatment.

10.3 Behavior of Doctor, Nurses and class IV employee:

The behavior of all the staff should be exemplary to improve the overall image of the hospital particularly class IV employee. Continued training must be conducted to motivate them and to inculcate a sense of humanitarian feelings so that their service delivery level improves qualitatively.

10.4 Information regarding ailment

It is recommended that treating doctor must inform his patients and relatives from time to time regarding his illness, progress and prognosis. To implement this, doctor must realize its importance to patients and spare more time for this purpose.

10.5 Dietary Services

There must be supply of standard quality of dry rations and fresh vegetable and fruits supply from good sources to the hospital. Good quality of raw material will enable hospital kitchens to provide better diets to patients. Special catering training should be arranged for cooks of the hospital to improve variety and quality of food. The hospital should form a catering committee comprising of one lady Medical Officer, Nursing Superintendent, Dietician and Representative of patients to look after kitchen services.

10.6 Linen and Hospital bed

The wards must ensure that the linen supplied to patients is clean, properly pressed and of matching size and changing of bed linen is immediately done whenever required. The hard and uneven

mattresses and bed sheets should be condemned and replaced at the appropriate time. .

10.7 Need for patient satisfaction survey

Periodic meeting with all the departments in the Hospital based on the reports of satisfaction survey and suggestions received from the patients and their relatives should be held at regular interval so that every effort should be made to improve the quality of overall service in the Hospital, Hence it is commended that regular patient satisfaction surveys should be held in the hospital to improve the clientele satisfaction and hence the hospital branding.

10.8 Scope for further study

There is a scope for further study of patient satisfaction in the following fields:

1. Patient satisfaction with OPD services
2. Patient satisfaction with department wise services like Diagnostics services.
3. Employee job satisfaction and its influence on patient satisfaction
4. Comparison of patient satisfaction in Govt. Vs. Private Hospital.

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CLIENTELE SATISFACTION SURVEY

Kindly answer all the questions as follows:

PART I

1. Ward:
2. Age
3. Sex:
4. Education:
 - Illiterate
 - Literate
 - Matriculate
 - Graduate and above
5. Total stay (No. of days) in hospital:
6. Were you admitted earlier in this hospital?
 - a) No
 - b) Yes

PART-II

1. Are you satisfied with the admission procedure at the Front Desk?
 - a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
2. Are you satisfied with the Welcome provided in the ward on arrival'.?
 - a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
3. Are you generally satisfied with the various investigations (LaboratoryRadiological Investigations x-rays, ECG etc.) performed on you?
 - a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
4. How frequently were you seen by the doctor?
 - a) Rarely
 - b) Only on request
 - c) Only during rounds
 - d) Quite frequently

5. How frequently were you seen by nurse?

- a) Rarely
- b) Only on request
- c) Only while giving medicines
- d) Quite frequently

6. Are you satisfied with the treatment provided to you?

- a) Highly Dissatisfied
- b) Moderately Dissatisfied
- c) Just Satisfied
- d) Moderately Satisfied
- c) Highly Satisfied

7. Are you satisfied the availability of medicines (pharmacy service) for your treatment?

- a) Highly Dissatisfied
- b) Moderately Dissatisfied
- c) Just Satisfied
- d) Moderately Satisfied
- e) Highly Satisfied

8. Are you satisfied with the overall behavior of the following staff?

- a) Highly Dissatisfied
- b) Moderately Dissatisfied
- c) Just Satisfied
- d) Moderately Satisfied
- e) Highly Satisfied

9. Are you satisfied with the attitude of nurse while adopting various treatment procedures'?
- a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
10. Are you satisfied with the information given to you regarding your disease?
- a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
11. Are you satisfied' with bed and bed sheet (linen) provided to you?
- a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
12. Are you satisfied with the food (kitchen service) in the hospital?
- a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied

13. Are you satisfied with general cleanliness of the hospital?
- a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
14. Are you generally satisfied with the existing discharge system?
- a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied
15. Are you satisfied with your overall stay in the hospital?
- a) Highly Dissatisfied
 - b) Moderately Dissatisfied
 - c) Just Satisfied
 - d) Moderately Satisfied
 - e) Highly Satisfied