

Dissertation Title**A STUDY ON PATIENT SATISFACTION**

“Implementing Quality Standards on PATIENT SATISFACTION in Hospitals “

Issues and Challenges in -Shanti Mukand Hospital”

A Dissertation Proposal and Internship for Post Graduate Diploma in Health and Hospital Management by

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Batch 2009-11

Date

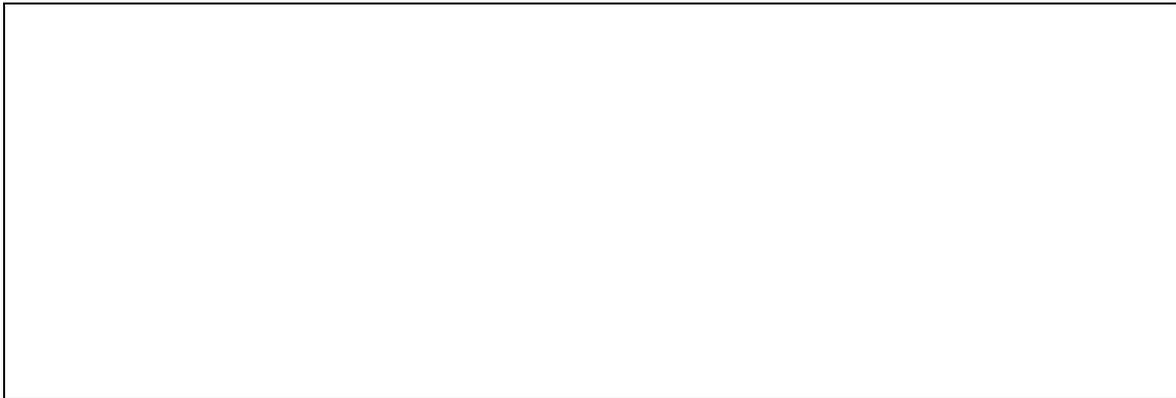
15th April'2011

**International Institute of Health Management Research
New Delhi
Internship and Dissertation**

**Post Graduate Diploma in Hospital and Health Management
Batch 2009-11**

A STUDY ON PATIENT SATISFACTION

DISSERTATION



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April 2011

Internship Completion Certificate

TO WHOM IT MAY CONCERN

This is to certify that Dr.Uzma Khan has successfully completed his 3 months internship in our organization from January 10, 2011 to April 10, 2011. During this intern she has worked on "Patient Satisfaction in a Community Hospital." under the guidance of me and my team at

Shanti Mukand Hospital (Any positive/negative comment)

We wish him/her good luck for his/her future assignments

(Signature)

_____ (Name)

_____ Designation

Certificate of Approval

The following dissertation titled "**Patient Satisfaction in a Community Hospital.**"

is hereby approved as a certified study in management carried out and presented in a

manner satisfactory 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 dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name Signature

Certificate from Dissertation Advisory Committee

This is to certify that Dr.Uzma Khan, a participant of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision.

She is submitting this dissertation titled""**Patient Satisfaction in a Community Hospital.**” in partial fulfilment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital 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.

Faculty Advisor: Ms Anupama sharma
Asst.Prof,
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Date

Abstract

A Study on Patient Satisfaction at a Community Hospital

SHANTI MUKAND HOSPITAL New Delhi

The Strategic Perspective by Dr.Uzma Khan

BACKGROUND

In the perspective of health care, patient satisfaction has been defined as a combination of experiences, expectations and needs perceived. It has also been defined as the patients' subjective evaluation of their cognitive and emotional reactions as a result of the interaction between their expectations regarding ideal nursing care and their perceptions of the actual nursing care.

This research was focused on the managerial processes involved in managing the non clinical services provided to the patient and its attendants in **IPD section** along with the clinical treatment given to heal the patient to its satisfaction. This study used the framework for the patients who have to get admitted to a hospital have a severe health disorder or a compelling reason for admission. Hospital admission of a family member is a burden to the family not only from monetary point of view but also in terms of the difficulty of interaction with the hospital staff.

The major findings are:

Formulatory – Adaptive to the reason of admission to the Hospital

Evolutionary- Analysis of Measures to improve quality of services.

METHODS

The two most common ways to assess satisfaction with care are structured interview and anonymous questionnaire survey. The advantages of the latter are low cost, anonymity and the absence of interviewer bias and are reliable when the patients are still admitted in the hospital or at the time of discharge.

DESIGN: cross-sectional, descriptive.

All the patients admitted to the Hospital were given a questionnaire form at the time of discharge. They were requested to give feedback regarding different aspects of services at the hospital and suggestions for improvements of services. This information is part of the hospital management information system. The data for this study was obtained from these feedback responses. Responses of patients regarding different aspects of services of the hospital were graded as excellent, good and unsatisfactory.

This process was conceptualised as consisting of four interrelated sub-processes :

- i) Up gradation of the Front office Assistance & Emergency- First point of admission
- ii) Counselling Session with the Doctor/ PRO- After Admission

Patient's expect doctors to fully explain the disease, cost and treatment plan, before hospitalization. Patient's satisfaction levels are increased by the doctor's conversations with the patient and its attendents.

- iii) Improving the House Keeping, maintenance and other non clinical services.

The clinical methodology used consisted of three phases:

- i) Study of the various dept's directly or in directly involved in IPD section.
- ii) Study of present system followed.
- iii) Design & implementation of methods.

RESULTS

Out of 900 responses January February and March 2011 an average of 10-12 people per day were discharged in IPD for various diseases and Surgeries and, 34% were excellent, 60% good and 6% unsatisfactory.

Best aspect of service was the availability of doctors in wards (84% excellent and good) And worst aspect was cleanliness of wards before implementation of the process (12% unsatisfactory).

Major data sources was the feedback form of 900 IPD patients admitted during first quarter of the present year 2011. In addition , detailed study of various other aspects for improving the overall image (Public Relations) of the hospital and achieving the mission of the hospital.

CONCLUSION

An anonymous satisfaction survey is a low cost, valid and reliable method of obtaining information about patient satisfaction with the services of the hospital. Shanti mukand Hospital is providing services to patients with a reasonable degree of Patient satisfaction.

Acknowledgement

I, Dr. Uzma Khan student of IIHMR New Delhi undergoing Post- Graduate Diploma in Health and Hospital Management Batch 2009-2011 do hereby thank all the management and staff of Shanti Mukand Hospital who really helped and encouraged my study on Patient Satisfaction in a Community Hospital.

It is very special to mention the following whose endurance guidance and support during my Internship Period which helped me to implement and uprise the patient satisfaction level and PR image of the hospital to the present level.

1. Dr. G.S Mathur Medical Supriendent
2. _____ Asst Medical Supriendent
3. _____ Nursing Incharge
4. _____ House Keeping Dept
5. _____ Maintenance Head (Electricals & Clinical Engg.)

I also thank and acknowledge the guidance and advises of my my mentor Ms Anupama Sharma Asst Professor IIHMR New Delhi for her invaluable comments and teaching methods, which gave me the insight of formulating the result oriented methods and its implementation.

Dr. Uzma Khan
Enrollment No.
PG/09/056
Batch 2009-2011

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List of Abbreviations

Abbreviations	Term
1. SMH	Shanti Mukand Hospital
2. MS	Medical Superintendent
3. TQM	Total Quality Management
4. QCC	Quality Control Circle (Cell)
5. TPQM	Total Productivity through Quality Management
6. PRO	Public Relations Officer
7. LEAN	Method of management for waste to value addition
8. Sigma six	A tool to apply Lean method
9. a 3 thinking	Method to achieve desired level of satisfaction co-ordination and productivity in an organization
10. depts.	Department(s)

Part 1

A Study on Patient Satisfaction at a Community Hospital

SHANTI MUKAND HOSPITAL New Delhi

Shanti Mukand Hospital is a 200-bed most integrated medical centre Of East Delhi, providing comprehensive diagnosis and treatment in all medical and surgical specialties.



Internship Report

Objectives:

To study the degree of patient satisfaction with various aspects of care in

Shanti Mukand Hospital (SMH)

2, Institutional Area, Vikas Marg Ext., Karkardooma,

Delhi - 110092 (India)

STUDY DESIGN: LEAN Sigma Six Management

ANALYSIS AND IMPLIMENTATION: A3 Thinking

1.Shanti Mukand Hospital (SMH) - An Introduction

Shanti Mukand Hospital offers the best health care, in an environment that is pleasant, caring, supportive and comfortable. Quality is part of our strategic vision, and guides us in delivering safe and cost effective care to the society we serve.

As a community hospital, we understand the importance of treating each patient with respect and dignity like the members of our extended family.

The hospital's philosophy revolves around "the pursuit of excellence" in all our patient care activities.

Shanti Mukand Hospital endeavors to fulfill the cherished dream of Sh. Mukandi Lal Memorial Foundation in mitigating the suffering of people with utmost regard and courtesy and to improve the community health by setting exceptional standards of innovative patient - centered care.

A Centre of Medical Excellence -



Each specialty is a ‘Centre of Excellence.’

Established in 1995, SMH serves our beloved community with passion and commitment, imparting medical care of international standards at reasonable costs.

We pursue the legacy of selfless service - the cornerstone of Hippocratic ethos - with vigor, year after year.

The cutting-edge facilities of SMH have changed the landscape of medical services in our area. As the busiest surgical hub of East Delhi, SMH offers the state-of-the-art procedures in almost all the specialties.

SMH is now rated as the best chest and lung surgical centre of the area. The hospital has the biggest cancer facility of East Delhi, offering latest medical oncology and radiological services. The setting up of SMH Curie Cancer Centre, a joint venture project of SMH with Health Care Group (HCG), a Bangaluru based organization, which has South Asia's largest cancer center network, has brought relief to thousands of patients, who are now receiving the latest and most effective cancer treatment in the country.

SMH also offers the PET.CT Scan services, a new milestone in imaging technology, and many other finest radiological diagnostic systems. The PET.CT Scan services are available as part of the hospital's joint venture with Diwan Chand Aggarwal PET.CT Centre.

These facilities are creating a paradigm shift for East Delhi people, who are now getting the world's best facilities literally at their doorstep. Since its inception, the hospital has treated, by 2009 end, close to half-a-million OPD patients and about 100,000 indoor patients.

During this period, nearly 100,000 patients were treated in our ICU, over 50,000 general surgeries were done including gynecological and neurosurgeries, and well-over 10,000 orthopedic surgeries were carried out.

As part of our social commitment, nearly 10 per cent of hospital beds in general wards are provided free for poor patients. The 24-hour Emergency services are free. All OPD services for each of the respective specialty are free during the morning hours from 9 am to 1 pm.

The hospital services are continuously being upgraded in order to look after the needs of the community, a large number of corporate houses and public sector undertakings as well as cash less TPA patients that we serve with care, compassion and commitment.

The **mission** of the Hospital is being Highlighted and adhered during the whole process:

-To deliver compassionate, high quality, affordable services to the community we serve;

-To provide care focused on the nurture and healing of the person as a whole;

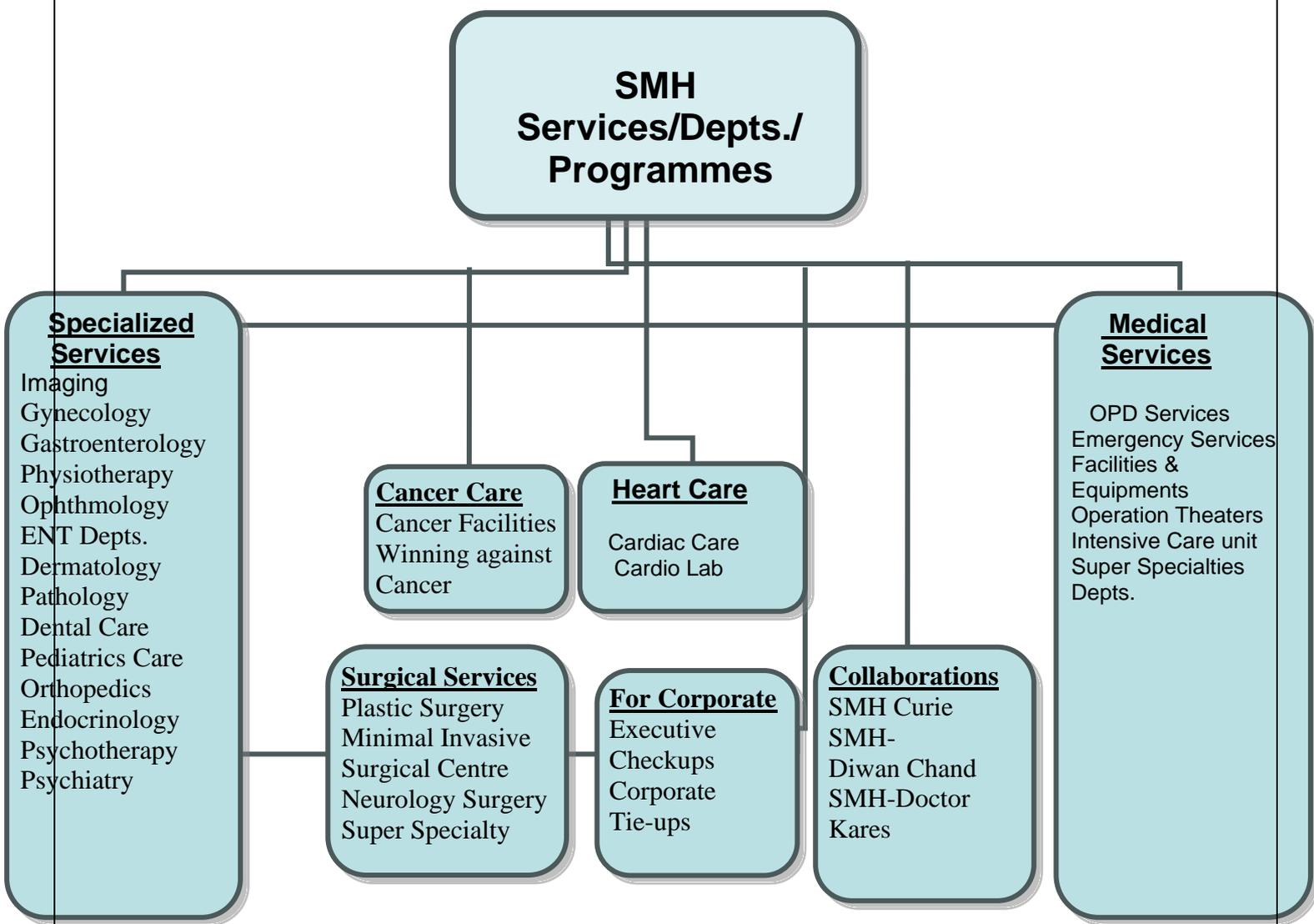
-To maintain high standards of excellence in all services;

-To make optimal use of resources and technology;

-To educate people about the principles of healthful living and disease prevention;

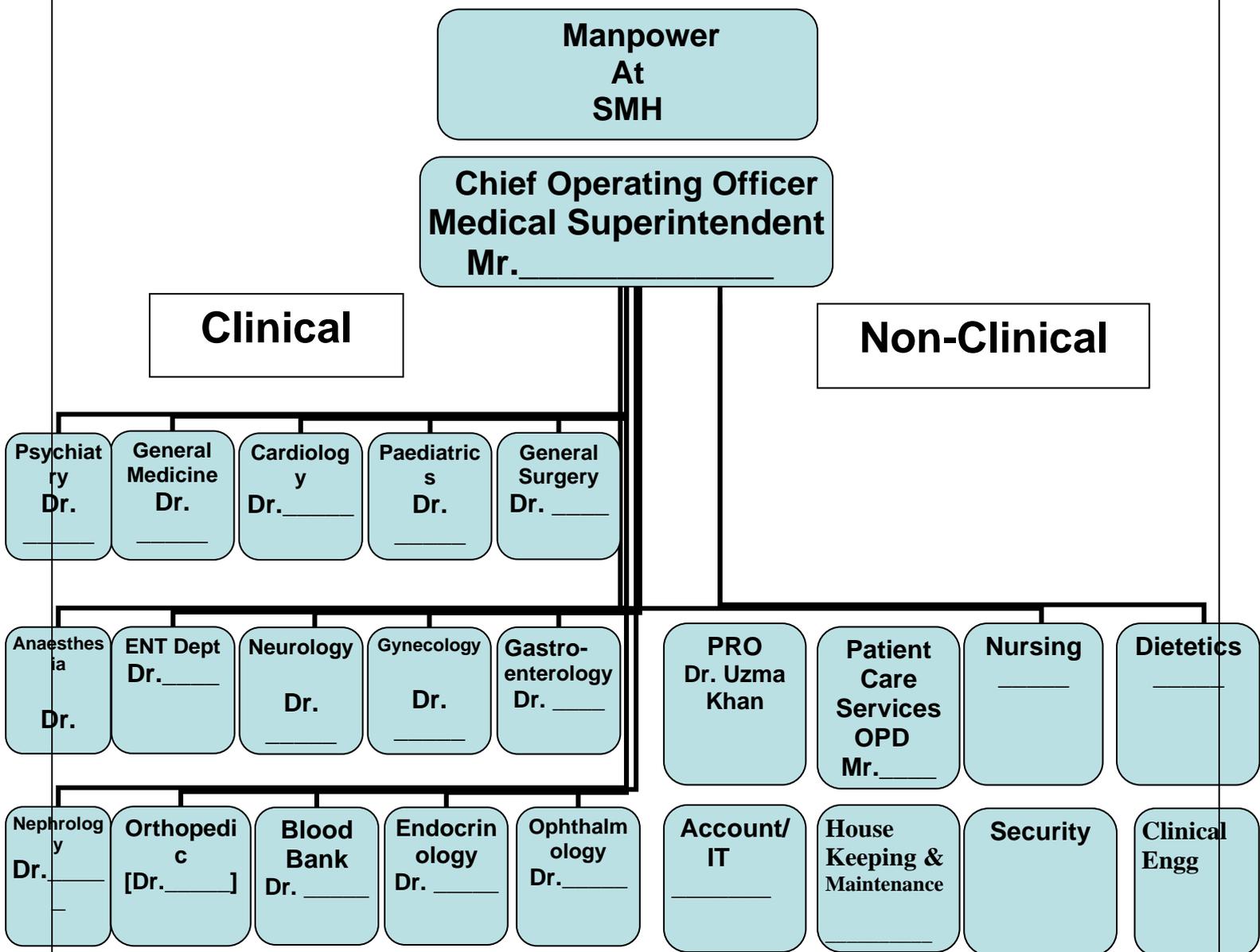
-To encourage and assist all staff to attain the highest personal and professional standards.

Departments: I was given the charge in IPD section and various Depts. of the IPD in Hospital were visited and an observation report of the current system was submitted to the M.S of the hospital.



8. Human Resources: As we know it is the most important part for implementation of any method for improvement a detail chart of various employees was prepared with their job responsibilities.

The Human natural resistance to any change, professional competency level and capabilities was taken into consideration and a system was designed to evaluate and improve the efficiency of the services delivered by the staff.



Assignment & Post:

Working as a **PRO** at Shanti Mukand Hospital Management team, have observed and implemented methods to improvise the smooth functioning of the systems in IPD

1. **Public Relations:** To improvise the image of the Hospital a PRO desk was re-established. I was appointed as a PRO to report directly to the **Medical Superintend DR. G.S Mathur.**
2. **Job Responsibilities:** To co-ordinate between the different non clinical depts. and improve the overall image of the hospital by achieving the high level of Patient Satisfaction in IPD. A detailed study of the present working was made in the first week after joining the hospital.
3. A **Reporting Pattern** for smoothening of the co-ordination and functioning of the various Depts. was designed and submitted to the MS for approval.
4. After **Approval** of the MS the method was put to implementations and a systematic data recording and analysis was started.

DESIGN: Cross-Sectional, Descriptive.

5. Subjects and Methods:

LEAN Six sigma tool is used for analysis of the data on A3 thinking. It helps in deeper understanding of the problem or opportunity and how to address it. It facilitates cohesion and alignment within the organization as to the best course of action.

An excel sheet is made for weekly inspection of all the departments like housekeeping, maintenance, dietary, clinical eng., security etc.

All excel sheet is to be analysed and checked and by applying A3 thinking method this should be implemented.

A method for recording the data was designed on following;-

All the work related to housekeeping in IPD is inspected by housekeeping supervisor.

All work under maintenance dept. Like a.c. , light, bell etc. Inspected by head of maintenance.

Feedback of dietary services is taken up by the dietician

All medical equipment was checked.

6. Problem Areas

Following Dept's were asked to look after and upgrade to the undersign by the MS.

House Keeping: It was observed that due to non regular checks and organizing co-ordination between various sections of house keeping the most suffering Dept of the organization.

Maintenance: Regular maintenance of electrical equipments and fittings, plumbing & sanitation of wash rooms.

Clinical Engg Regular maintenance and up gradation of equipments and apparatus

Dietary: Quality, Hygiene and Nutrition

7. Possible Solutions;

Regular Rounds Twice in a day of all wards, an Excel Sheet was prepared for regular checks of the Amenities.

Staff involved directly and indirectly were made accountable, a weekly evaluation, interaction and open meeting was designed on the LEAN method of management.

Information Data; the data was collected in the following format based on a3 Thinking.

Implementations Data: Lean Sigma Six, Strategic Management with touch of Human

Emotions and Behaviour for early Healing of the Patients to Satisfaction.

The formats and forms for Quantitative and Qualitative data collection are:

1. Feed Back Form from Patients/Attendants/Visitors
2. Regular Check- List (Excel Sheet)
3. Implementation and Evaluation

SHANTI MUKAND HOSPITAL

(A unit of Shri Mukandilal Memorial Foundation)

2, Institutional Area, Vikas Marg Extn., Delhi-110092 Tel: 22371928/29/30

1. FEEDBACK FORM

Dear Patient / Relative / Visitor,

Your continuing suggestions & support help to make our Hospital a better organization.

Kindly spare a few moments to complete the following, so that we can strive to fulfil your expectations.

NAME OF PATIENT-_____

NAME OF YOUR CONSULTANT-_____

1. How did you hear or came to know about us?

Advertisement **Family** **Friend** **Doctor**

Other (specify) _____

2. Upon entering Hospital how were you greeted/welcome/acknowledge by the staff

Excellent **Good** **Average** **Poor**

3. How would you rate the overall quality of service you received at hospital?

In terms of	Excellent	Good	Average	Poor
Doctor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How would you rate our services in the hospital?

In terms of	Excellent	Good	Average	Poor
House Keeping (Cleanliness- toilet, rooms, linen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance (T.V, Telephone, Bed, A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there was one message you would to pass on to the manager in charge of this hospital.

It would be

General ward										
Male										
Female										
Nursery										
ICU										
PISU										
Dialysis										

Staff's Performance Evaluation Sheet:

Name of the Dep't	Name of In charge	Performance Evaluation First Week	Second Week	Third week	Forth Week	Continued
Front Office						
Emergency						
ICU						
PICU						
<u>House Keeping</u>						
Rooms 1 st Floor						
Rooms 2 nd Floor						
General Wards						

M/F 1 st Flr						
General Wards M/F2 nd Flr						
Dietary						
OT/ Clinical Engg						
Accounts						
Security						

9. Co-ordination: The various Depts. directly or indirectly involved were listed and a detailed working and performance was analyzed before and after implementation of various methods to achieve the high level of Patient Satisfaction and improve the image of the Hospital.

Dissertation

On

A Study of Patient Satisfaction in a Community Hospital SMH New Delhi

Chapter 1

Introduction:

Keywords: Definition and Illustration in context to IPD Patients

Patient Satisfaction: In the perspective of health care, patient satisfaction has been defined as a combination of experiences, expectations and needs perceived. It has also been defined as the patients' subjective evaluation of their cognitive and emotional reaction as a result of the interaction between their expectations regarding ideal health care and their perceptions of the actual care when admitted in a private hospital. The patients who have to get admitted to a hospital have a severe health disorder or a compelling reason for admission.

Healthcare professionals and managers are working together to find appropriate solution for the cases of their different patients. From viral diseases to physical injuries, the healthcare providers are always ready to provide attention. All of the healthcare professionals are working with the essence of care, knowledge, skills, and experience to promote health and wellness.

Background of the Study and Problem Statement

Aside from the truth that the healthcare are contributing for the health and wellness of the people, there are still issues involved in the services they provide for all. The fundamental principles of the ethics of care are already in the main stream of the healthcare process. Still, the problem is about the satisfaction the patients received from the provided healthcare assistance.

From the past healthcare studies, the main focus is centred in the innovation, development and mixing of different technological features together, in order to provide efficient healthcare services to the patients, but from all the interventions and innovations the professionals created, often forget that how effectively they can use these innovation to provide high level of satisfaction in healthcare industry.

Purpose/Objective of the Study

The purpose of the study came from the rate of admission of the patients in the healthcare facility. There are two key ideas regarding the IPD patients and its either they are satisfied on the service provided or not. Through the assessment on the level of patients' satisfaction with primary health care services in healthcare facility the main ideas of the IPD patients can be determined and the fulfilment of the goal of health and wellness can be achieved. The admission of the patient in the IPD facilities maybe related in the socio-demographic factors such as the feelings of the symptoms of curable or critical diseases or side effects after the major operation. The satisfaction with the healthcare can be affected by the said factors which enable the healthcare providers' additional workload and responsibilities and may contribute to the level of rehabilitation. Of course, that action is very necessary to promote the continue wellness of an individual. The idea of being responsive to the needs the patients is related to the assistance that a healthcare staff can provide. The achievement in the responsiveness domain can contribute directly to the patient's welfare, as well as through the improvement of health therefore; there is a great level of expectations and impact of health. The lack of a conceptual framework is considered to have been a major constraint in developing good satisfaction measures.

Literature review

In general practice, assessment surveys have been extensively tested for validity and reliability. The two most common ways to assess satisfaction with care are structured interview and anonymous questionnaire survey. The advantages of the latter are low cost, anonymity and the absence of interviewer bias and are reliable when the patients are still admitted in the hospital or at the time of discharge

In various papers a preliminary study has been carried out that evaluates the perception of patient attendants regarding the services provided to in-patients. This patient satisfaction survey among the in-patients in a IPdepartment is probably the first of its kind for hospitals in the public sector .. This survey provides an insight to hospital administration, staff, doctors and researchers who want to improve the quality of service and patient satisfaction levels. It appears that such small and well manageable specialty centers may be an answer to the widespread unsatisfactory conditions prevailing in general in public sector hospitals in India.

Overall level of satisfaction about doctors ranged from 79.29% to 89.6%, contrary to the national average where patient satisfaction regarding technical quality of doctors scores only 63%. The percentage of satisfied attendants regarding nursing care was slightly lower. The NSICU is an area with consistently highest bed occupancy rate in the entire Institute).

In spite of restricted entry of attendants and more critical condition of the patients, the NSICU attendants were more satisfied with total services provided by the department. This reflects the fact that the satisfaction level of attendants was closely dependent on three variables namely cleanliness, orderly environment and discipline of the staff, which were much better maintained in the intensive care unit. Overall interaction level of attendants with hospital paramedical staff was poor in comparison to a similar survey. Traditionally, the medical profession was expected to maintain high quality of standards in the hospitals. In general, the quality was defined by the clinicians in terms of technical delivery of medical care⁵. However, it appears that infrastructure and attitudes require to be improved significantly in the public sector hospitals to meet the consumer's expectations.

Chapter 2

RESEARCH PROBLEM- to study the level of satisfaction among ipd patients in reference to the services provided by the hospital.

This would be done by evaluating the factors responsible (directly or indirectly) for Patient satisfaction.

Data and Methods

Study design - Cross sectional and descriptive study

Sample size - 900 patients admitted in ICU, IPD, PICU.

Method of sampling - Questionnaires

All the patients admitted to the Hospital were given a questionnaire form at the time of discharge. They were requested to give feedback regarding different aspects of services at the hospital and suggestions for improvements of services. This information is part of the hospital management information system. The data for this study was obtained from these feedback responses. Responses of patients regarding different aspects of services of the hospital were graded as excellent, good and unsatisfactory.

Randomize Data Collection

The data collected will be randomized according to the four levels of satisfaction. Accordingly, each will be assess as Excellent, Good, Average, and Poor Performance. The assessment will be based on the **questionnaires** on how they will 'assess' the hospital clinical and non clinical services.

STUDY ANALYSIS OF SUBJECTS AND METHODS

The present study was carried out at SMH Delhi. The Hospital is 200 bedded care centre situated at an easily approachable place in East Delhi. The Hospital caters for the healthcare needs of a population of about a million people consisting of general public of Delhi city and adjoining areas.

Feedback consist of 4 major question, out of that 14 subpart has been carried out either from questionnaire or through interviews.

Questions 1, 3, 5, and 13 are related to processes, while the rest are related to structure.

None of the questions are outcome-based but for analysis to value addition.

The patients have the opportunity to respond to all questions and give different rating to different facilities of hospital. The Patients or their attendants were free to give their suggestions/comments at the back of the feedback form. Illiterate patients are provided guidance and assistance in recording of responses on the given form.

Chapter 3

Results and Findings

Out of 900 responses January February and March 2011 an average of 10-12 people per day were discharged in IPD for various diseases and Surgeries and, 34% were excellent, 60% good and 6% unsatisfactory.

Best aspect of service was the availability of doctors in wards (84% excellent and good) And **worst aspect** was cleanliness of wards before implementation of the process (12% unsatisfactory).

After implementation of the strategic management methods of improvising the working and accountability of individual staff responsible for unsatisfactory services the daily check sheet was filled, Excel Sheet of intership report.

The following data shows the satisfaction level(%) among patient with respect to various departments related to the IPD.

Emergency	85%	Doctors	84%	Housekeeping	45%
Front Office	75%	Nurses	78%	Maintenance	54%
Ward Incharge	70%	Staff	70%	Dietary	63%
Support Staff	65%	Security	65%	Clinical	72%
Pharmacy	70%	Accounts	70%	Non Clinical	81%

(**84%**, 756, responses,). Best “excellent” response was obtained regarding availability of Doctors in the ward.

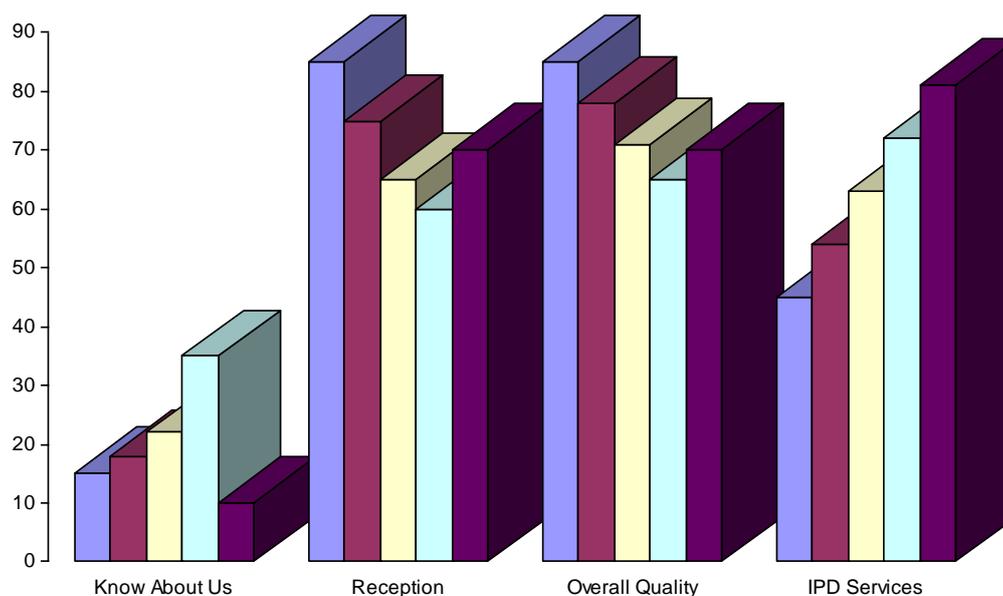
(**85%**, 765 responses). Best “good” response was obtained for operation room Arrangements in “Emergency”

(**48%**, 432, responses). responses was obtained for cleanliness of wards House Keeping.

(**81%**, 729 responses). Overall good response was obtained for attitude of reception and Non Clinical Staff.

The “process data” indicates an overall satisfaction of patients with the processes of the hospital.

Graph showing satisfaction level in IPD patients in respect to different departments



Advertisement	15%	Emergency	85%	Doctors	84%	Housekeeping	45%
Family	18%	Front Office	75%	Nurses	78%	Maintenance	54%
Friends	22%	Ward In charge	70%	Staff	70%	Dietary	63%
Doctors	35%	Support Staff	65%	Security	65%	Clinical	72%
Others	10%	Pharmacy	70%	Accounts	70%	Non Clinical	81%

Table 1.

Questionnaire for the patients and data interpretation

S.	Questions Interpretation	Option 1	Option 2	Option 3(Average & Poor)
1	Attitude of reception	Excellent	Good	Unsatisfactory
2	Documentation at Reception	Excellent	Good	Unsatisfactory
3	Opinion about doctor	Excellent	Good	Unsatisfactory
4	Availability of doctor in the ward	Available	Late	Not available
5	Opinion about nurses	Excellent	Good	Unsatisfactory
6	Availability of nurses in the ward	Available	Late	Not available
7	Laboratory	Excellent	Good	Unsatisfactory
8	X-ray, USG	Excellent	Good	Unsatisfactory
9	Operation Room	Excellent	Good	Unsatisfactory
10	Cleanliness of wards	Excellent	Good	Unsatisfactory
11	Availability of clean linen in the wards	Excellent	Good	Unsatisfactory
12	Quality, availability & Cost of medicines	Excellent	Good	Unsatisfactory

13	Standard and price of	Excellent	Good	Unsatisfactory
	Canteen			
14.	Behaviour of the Staff	Excellent	Good	Unsatisfactory

Analysis Work Plan and Limitation

Patient's satisfaction levels are increased by the doctor's conversations with the patient. The longer conversations to the patients increase the satisfaction and the feedback they received can be generated from their experience in the facility. Meanwhile the shorter talks only imply that the patient is less satisfied in the service of the healthcare providers. Other than that, there are other elements that serve as factors in assuring that the patients are satisfied. They are enumerated as dignity of the healthcare providers, autonomy over the process, confidentiality of the patient's information, prompt attentions given to the patients, quality of the basic amenities, access to social supports during care, and the choice of the care provider because some of the patients focus on the gender and the relationship that can increase the satisfaction level. There is also a weak evidence that the older people can be easily satisfied than of the younger generation. This idea is probably because the young people are more active to work or studying.

From the studies, there is a difference between the **patients' satisfaction** and **responsiveness**. Patient's satisfaction focuses on the clinical interaction in specific health care settings. It also covers both medical and non-medical aspects of care with the complex mixture of perceived need, individually determined expectations and experience of care. Meanwhile, the responsiveness evaluates the health system as a whole. Its main focus is on the non-health enhancing aspects of the health system as it evaluates the individual's perceptions of the health system against the universal expectations. Both studies only show the main concern in improving the quality of health care to achieve the levels of patient's satisfaction. Saying that healthcare is facing critical challenges worldwide, therefore they must engineer the products, services, and procedures with the purpose of providing care and satisfying the concerns for the individuals.

Patients expect doctors to fully explain the disease, cost and treatment plan, before hospitalization.

Attitude and behaviour of nurses and paramedical staff towards attendants plays a very important part in patient satisfaction level.

For a health care organization to maintain and improve its standards, constant monitoring of perceptions and expectations of the patients and their attendants is essential.

Nine hundred in-patients admitted in the wards and intensive care unit of the hospital were interviewed+ given the feedback form at the time of discharge.

The perceptions and expectations of attendants regarding the quality of medical care, general satisfaction and infrastructure are assessed.

Very high levels of satisfaction were expressed on doctors' work. The technical aspects of nursing care were satisfactory to 78% of patients.

Moderate levels of satisfaction were recorded regarding the general attitude of nurses and ward servants.

Thirty seven percent of patients felt the treatment facilities could be better. The consumers recorded many suggestions and model that included communication with patients, competence of the staff, their demeanor, quality of the facilities and **perceived costs** . There are very few studies in India that measure patient satisfaction with the services provided by health care organizations.

For a health care organization to be successful, monitoring customer's perceptions is a simple but important strategy to assess and improve their performance.:

Patients and Methods

Patient sample: Patients admitted in the General ward, intensive care unit (ICU) and private wards were taken up for the study.

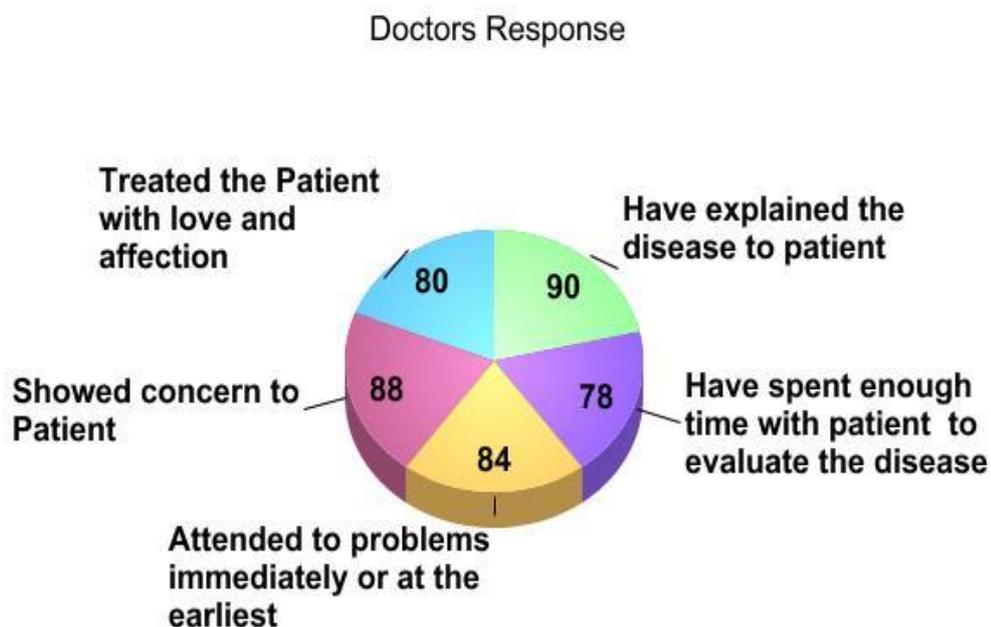
Attendants of 900 patients discharged between January to March 2011 were included in this study.

Patient feedback questionnaire: A patient feedback questionnaire consisting of four domains and six sub questions was used total 10 Questions (Table 1).

Table 1: Assessment of hospital services by patient's attendant; summary of questionnaire and Percentage distribution of responses

(1) **Doctors Response Average 84%**

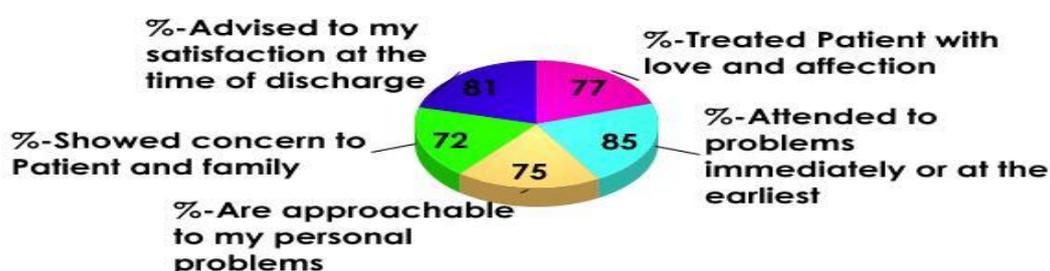
1.	Have explained the disease to patient	90%
2.	Have spent enough time with patient to evaluate the disease	78%
3.	Attended to problems immediately or at the earliest	84%
4.	Showed concern to Patient	88%
5.	Treated the Patient with love and affection	80%



2. (a) **Technical delivery of Nursing care** – Average 78%

6.	Treated Patient with love and affection	77%
7.	Attended to problems immediately or at the earliest	85%
8.	Are approachable to my personal problems	75%
9.	Showed concern to Patient and family	72%
10.	Advised to my satisfaction at the time of discharge	81%

Nursing Care

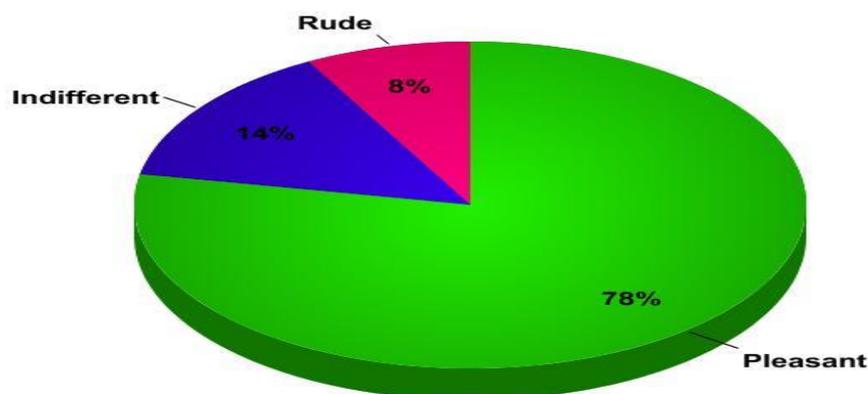


FEED BACK FORM AND PERSONAL INTERVIEWS

(b) **Nurses general behavior with the attendants**

11.	Pleasant	78%
12.	Indifferent	14%
13.	Rude	8%

Nurses general behavior with the attendants



FEED BACK FORM AND PERSONAL INTERVIEWS

3. Support Staff-Ward servants/sweepers

14.	Worked to my satisfaction	65%
15.	Helpful	23%
16.	Not Co-operative	12%

4. Cleanliness of ward and corridors

17.	Very clean	18%
18.	Clean	63%
19.	Not clean	19%

5. Toilets

20.	Clean	12%
21.	Need more frequent cleaning	78%
22.	Always dirty	10%
23.	Number of General Toilets inadequate	77%

6. Available facilities for treatment

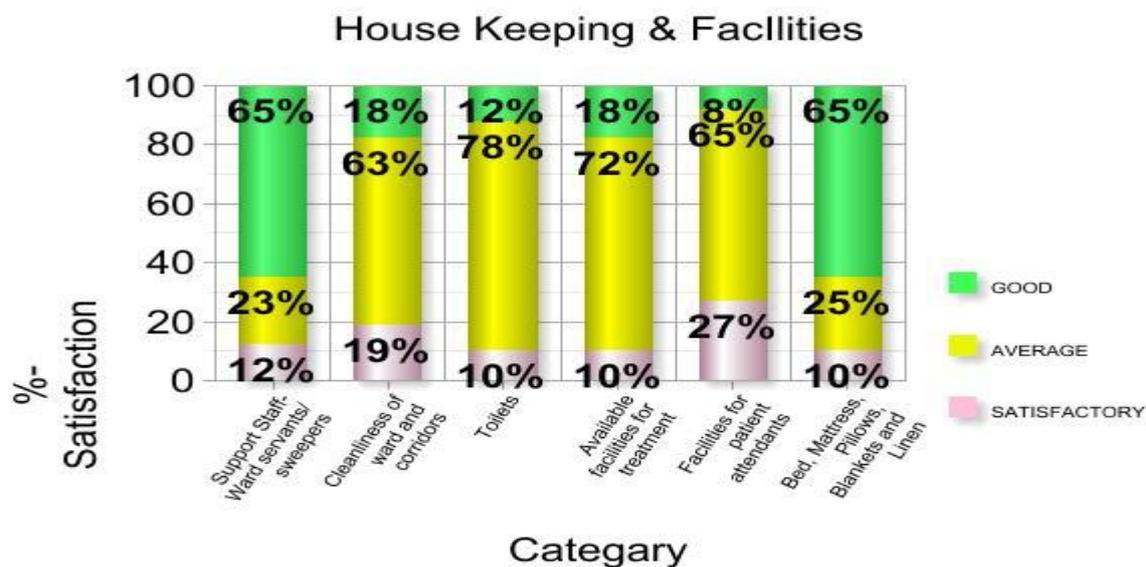
24.	Best	18%
25.	Can be better	72%
26.	Bad	10%

7. Facilities for patient attendants

27.	No facilities	8%
28.	All facilities	65%
29.	Minimum facilities	27%

8. Bed, Mattress, Pillows, Blankets and Linen

30.	Satisfactory	65%
31.	Not Satisfactory	25%
32.	No Comments	



FEED BACK FORM AND PERSONAL INTERVIEWS

9. FOOD- (DIETARY)

33.	Very good	8%
34.	Always good	63%
35.	Occasionally good	14%
36.	Worst	8%
37.	No Comments	7%



FEED BACK FORM AND PERSONAL INTERVIEWS

10. Other Services

S.No.	Name of Dept	Excellent	Good	Unsatisfactory
38.	Emergency	5%	85%	10%
39.	Front Office	9%	75%	16%
40.	Pharmacy	6%	70%	24%
41.	Security	8%	65%	27%
42.	Accounts & IT	10%	70%	20%
	IPD			
43.	Clinical	12%	72%	16%
44.	Non-Clinical	18%	81%	1%

Interpretation of data in above table and diagram

Sixty-one percent were paying patients. Fifty-nine percent of the attendants were literate. Overall level of satisfaction with doctors ranged from 79.3% to 89.6%. Very high levels of satisfaction were expressed on technical quality of doctors' work and their approachability.

However 10.7% felt that doctors hadn't fully explained the disease and the treatment. The percentage of satisfied attendants regarding technical aspects of nursing care was above 90%. Literate attendants were more satisfied regarding approachability of nurses to their personal problems compared to illiterate/semiliterate attendants.

However, the latter were more satisfied than the literate attendants with the advice given at the time of discharge. The level of satisfaction with behavior and attitude of nurses towards the attendants was poor. 24.2% attendants thought that some of the nurses were rude whereas 21.4 % felt they were indifferent. In the ICU, satisfaction levels with attitude and mode of talking of nurses were higher with paying, literate attendants.

Moderate level of satisfaction score was noted regarding quality of work of ward servants/sweepers. High rate of dissatisfaction was found regarding their helpfulness.

Many of the attendants (23%) didn't interact with them. Chronic and literate attendants were more satisfied with their quality of work, helpfulness, and communication. 62.5% of ICU attendants answered that the number of toilets were adequate. However in the ward, 85% were dissatisfied on this aspect. According to 62.7% attendants, the hospital provided best facilities for treatment.

None of the respondents categorized treatment facilities as bad but 37.3% thought that it could be better. More than 94.5% of the attendants also responded positively to the general cleanliness and food. Most of the attendants were satisfied regarding IPD services provided.

Chapter 4

DISCUSSION

Impact of quality consciousness in all sectors of life has augmented the need for healthcare facilities and institutions to keep themselves aware of the needs and expectations of their customers and end users.

1. 'Customer satisfaction' has taken on new outcome and greater significance in health-care delivery in the last decade.
2. Measurement in the form of mortality audits or infection surveys have been variably used by institutions to measure their quality of care from the professionals' point of view.
3. It is increasingly being recognized that the patients' feedback is a more important indicator of quality of healthcare compared to the view of clinicians and is valuable for the hospital managements as a tool for their budgetary planning as well as a guideline for instituting.

Chapter 5

Recommendation(s)

Doctors should explain the condition of the patient everyday to them.

All investigation facilities should be provided under the same roof.

Nurses, group-D staffs, ward servants, sweepers, and reception personnel

should receive some training for improving behaviour and attitude.

Bed sheets should be changed on regular basis by night staff.

Safe, drinking water should be easily available.

Toilets and other facilities should be improved.

Some arrangements for library and indoor games for sick kids should be arranged.

These suggestions clearly point out different areas of health care services provided by tertiary referral hospital in India that needs improvement. It can be concluded that although the unit under study provides satisfactory health care services in terms of technical quality, responsiveness, general cleanliness and food; certain areas need improvement namely communication, toilet facilities, facilities for attendants as well as attitude and behaviour of paramedical staff. This improvement can be achieved by repeated monitoring of process. Quality of care and patients satisfaction depends on communication, behaviour and information rendered to a patient during the period that extends from admission to and discharges from the hospital until the results of diagnosis and treatment are achieved.

The questionnaire included questions regarding the behaviour of doctors as well as that of nurses to assess this aspect of effective communication and informational care. Most of the patients showed satisfaction with the processes of the hospital. A relatively low level of satisfaction was observed with the structure part of the hospital. As far as the quality of healthcare was concerned, in general, the satisfaction level was acceptable. In conclusions, SM Hospital is providing healthcare facilities to the Satisfaction of most patients. Improvement, however, is required regarding a better, more hygienic and clean environment in the hospital.

Conclusions:

An anonymous satisfaction survey is a low cost, valid and reliable method of obtaining information about patient satisfaction with the services of the hospital. SM Hospital is providing services to patients with a reasonable degree of Patient satisfaction. These were formulated to estimate the perceptions and expectations of attendants regarding technical quality, general satisfaction, communication, interpersonal aspects, accessibility, convenience etc. The data was collected from an interview and Feedback form of the patients or a close relative at the time of discharge of the patient.

The collected data was analyzed as a whole and a comparative analysis also done by dividing the patients into subcategories on the basis of admission status (ward vs. ICU), status of illness as well as affordability and literacy of patients.

References

Website of Hospital www.shantimukand.com

1. Repert MI, Babakus E. Linking quality and performance. Quality orientation can be a competitive strategy for health care providers. *J Health Care Mark*, 1996;16:39-43.
2. Gombeski WR, Jr Miller PJ, Hann JH, Gillete CM, Belinson JL, Bravo LN, Curry PS. Patient call back program: a quality improvement, customer service and marketing tool. *J Health Care Mark*, 1993; 13:60-65.
3. Andaleeb SS. Determinants of customer satisfaction with hospitals: A managerial model. *International Journal of Health Care Quality Assurance* 1998. 11:181-187.
4. Mahapatra P, Srilatha S, Sridhar P. A Patient Satisfaction survey in public hospitals. *Journal of Academy of Hospital Administration* 2001;13:11-15.
5. Andaleeb SS. Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. *Social Sciences and Medicine* 2001; 52:1359-1370.
6. Al-Ahmadi, H., & Roland, M., 2005. Quality of Primary Health Care Saudi Arabia Comprehensive Review. *International Journal on Quality Health Care*, Vol.17,No.4.[Online]Availableat: <http://www.ncbi.nlm.nih.gov/pubmed/15883128>. [Accessed 12 Jan 2010].
8. Benatar, R., & Rensburg, H., 1995. Healthcare Services in a New South Africa. *The Hastings Center Report*, Vol. 25, No. 4.Chen, H., et al., 2006. Satisfaction with Mental Health Services in Older Primary Care Patients. *Journal of Geriatric Psychiatry*, Vol. 14, No. 4
9. Shaheen, F., & Souqiyyeh, M., 2007. Guidelines for evaluation and Conservative Management of Chronic Kidney Disease Patients in Saudi Arabia. [Online] Available at:http://www.scot.org.sa/Saudi_Guidelines_00_Saudi_Guidelines_management_of_CKD_patients_2006.doc. [Accessed 12 Jan 2010].
- 10.Silva,A.,2000.AFrameworkforMeasuringResponsiveness,*WorldHealthOrganization*. [Online]Available at: <https://www.who.int/healthinfo/paper32.pdf>. [Accessed 12 Jan 2010].