

A

Project Report

On

**“A STUDY ON THE SATISFACTION OF PATIENTS WITH REFERENCE TO  
HOSPITAL SERVICES IN Dharamshila Hospital and Research Centre, NEW DELHI”**



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## **CERTIFICATE**

This is certified that the work is being presented in this project report entitled **“A STUDY ON THE SATISFACTION OF PATIENTS WITH REFERENCE TO HOSPITAL SERVICES IN Dharamshila Hospital and Research Centre, NEW DELHI”**. In partial fulfilment of requirement for the award of degree of Masters in Hospital Administration submitted by Jaya Rakheja to the Quality Department of Dharamshila Hospital and Research Centre.

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# **CHAPTER -1**

## **INTRODUCTION**

### **INTRODUCTION**

Patient satisfaction is a key determinant of Quality of Care (QoC).It is important that

satisfaction level of the patients is measured objectively. But it may be difficult to measure all attributes of satisfaction and gauge responsiveness of the health systems as not only the clinical but many non-clinical experiences of the care do influence the patient satisfaction.

Patient satisfaction surveys are integral part of quality improvement program at facility level. It gives the valuable information about the patient perception and experience about quality of services, which will guide service providers to further improve the processes and service delivery in public health facilities.

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauge responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction. Patient's perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. Patient satisfaction depends up on many factors such as: Quality of clinical services provided, availability of medicine, behaviour of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. Mismatch between patient expectation and the service received is related to decreased satisfaction. Therefore, assessing patient perspectives gives them a voice, which can make health services more responsive to people's needs and expectations.

In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and managers to improve the services in the health facilities. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients.

The success or failure of any hospital is largely depends on the satisfaction met by the patients on various services offered. Patients' satisfaction is a combination of psychological, physiological and other health care related factors that make a patient to feel happy. Patient satisfaction has been considered as a state where patients express their feelings, prepares to attend for the same hospital more number of times, accept the services and promote the image and goodwill of the hospital more happily. Satisfaction of patients is an emotion, a feeling and a matter of perception. It arises from the patients' appraisal of experience in hospital services; it involves likes and dislikes which are internal and external to the patients.

With the various changes and developments that take place in health care related environment, patients place more importance on the quality of services offered than before.

In recent days patients emphasize not only the environment in the hospitals, but also various services offered in the hospitals. Therefore understanding patients' satisfaction is becoming more important.

## **About the Hospital:**

Dharamshila Hospital and Research Centre (DHRC) is the first and only cancer hospital of India that has been accredited by NABH. It is also accredited by NABH for its allied specialties and labs. Dr. S. Khanna is the founder of this hospital. She got it built on 19 April 1990 in New Delhi, The hospital has a medical oncology centre, radiation oncology centre, and a surgical oncology centre to diagnose and treat cancers. The first phase of the hospital was commissioned on 1 July 1994 with 100 beds. The hospital has now expanded to 350 beds and is the largest cancer hospital of north India.

## **MISSION**

To fight and win the battle against cancer

## **VISION**

To become leaders in Comprehensive Cancer Treatment, Education and Research

## **VALUES**

Patients are supreme and must be served with love and devotion

## **Centre of Excellence**

- Head and Neck Cancer Centre
- Breast Cancer Centre
- Lung Cancer Centre
- Gastrointestinal Cancer Centre
- Prostate & Genitourinary Cancer Centre
- Gynaecological Cancer Centre
- Haematology, Haemato-Oncology & Bone Marrow Transplantation

## **Multispeciality Clinics**

- Orthopaedics & Joint Replacements
- Gastroenterology & Digestive Diseases
- Nephrology (Kidney Diseases & Dialysis)
- Plastic and Cosmetic Surgery
- Dharamshila Centre of Pulmonology and Critical Care
- Urology and Andrology
- Speciality Clinics
- Dental Clinic
- Psychiatry Sexual Dysfunction And De-Addiction Clinic

## **Support Services and Resources**

- Anaesthesiology And Critical Care
- Radiology & Imaging Services
- Rehabilitation
- Pathology and Transfusion Medicine
- Nursing Services
- Boarding and Lodging Services
- Emergency Room
- Pharmacy Services

## **Facility and Infrastructure**

Being the leading Head and Neck Cancer Centre, Dharamshila Hospital has the World Class Facilities and State-of-the-art Infrastructure to treat patients with tumors of the thyroid and parathyroid glands, salivary glands, oral cavity, larynx, pharynx, paranasal sinus, and skull base; melanomas; sarcomas of the soft tissue and bone; and ocular, orbital, and ocular adnexal malignancies.

### **State-of The-Art Infrastructure & Technology :**

- **Seven State-of-the-art Operation Theaters | 42 bedded ICU | 19 bedded HDU | Critical care** equipped with the latest technology to deal with critical & post-operative care.
- **Linear Accelerators** - Triple Energy Linear Accelerators with VMAT technology for IMRT, IGRT, SRS /SRT, SBRT and Respiratory Gated Radiotherapy
- **Radiotherapy Treatment Planning Systems** - World's Best Radiotherapy Treatment Planning Systems like Monaco with Monte Carlo Algorithm, ERGO++, CMS Xio and Eclipse.
- **Brachytherapy** – Microselectron Digital (HDR-V3) Brachytherapy afterloader For Precise And Targeted Cancer Treatment. High dose rate Brachytherapy (Microselectron with Ir-192 source) provides Interstitial Brachytherapy for soft tissue sarcomas and head and neck cancers and surface mould treatment is used in specialized situation. Individual patients are planned on Plato Sunrise planning system with CT simulation or X-ray films.
- **Gamma Camera for Nuclear Scans** – The advantage of Gamma Camera is functional imaging compared to purely static imaging in conventional x-rays, CT, etc. Bone scans,

thyroid scans, renal scanning, scintimammography and various other investigations can be carried out using this camera.

- **High Definition (HD) PET - CT** With Ultrafast LSO Crystal Technology & 16 slice CT Scanner capable of generating high quality 3D images - Dharamshila Hospital is the only CANCER HOSPITAL of Delhi who offers The World's only PET Technology with uniform spatial resolution throughout the field of view. Now precisely visualize lesions small as 2 mm with ultra sharp clarity and contrast.
- **MRI (MAGNETOM Avanto, A Tim+Dot System)** – The hospital is equipped with 1.5 Tesla volume MRI. The special feature of the 1.5 Tesla MRI is its ability to generate 3D images, which cuts the acquisition time by half and increase the comfort and convenience for the patients.
- **Ultrasound** – Two new State-of-the-art Colour Doppler Ultrasound Machines with Multiple digital transducers with multifrequency capability
- **X-Ray** – 1000 mA high frequency X-Ray and Computerized Radiography
- **Bone Mineral Density** – Whole body mineral density scan capable of giving instant reports.
- **Endoscopy Suites** – The hospital has dedicated endoscopy suite for endoscopic ultrasound and other advanced endoscopic procedures like ERCP, Stenting, UGIE, Colonoscopy etc.
- **Bronchoscopy Suite** with most modern equipment in safest and convenient environment.
- **State-of-the-art Laboratory Services** including Cytology, Histopathology, Frozen Sections, Immunohistochemistry, Cytochemistry, Tumor Markers, Hematology, Biochemistry, Clinical Pathology, Microbiology and Serology. The Laboratory Services are accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL).
- **Cardiopulmonary Lab** performs ECGs, Holter Monitoring, TMT and Pulmonary Function tests.
- **Blood Bank** – A state-of-the-art blood bank meeting all standards has been set up with facilities like Aphaeresis, Leucoreduction, Red Cell Serology, blood component separation and stem cell harvesting. In addition, a Blood Irradiator- another First of its Kind facility for specially treated blood for cancer patients.
- **24 – Hour Services:** We have round the clock support services to cater all your needs. Be it for the patient or for an attendant:

### **Pioneering Steps:**

A few pioneering steps:

- First **comprehensive cancer care centre** of North India, commissioned in 1994.

- First cancer hospital of India to start **CliniMACS based TCR alpha/beta depleted Haplo-identical (half matched) Bone Marrow Transplantation** in BMT unit designed as per International standards 1000 for clean rooms.
- First hospital of India and world's 11th hospital which has performed haploidentical bone marrow transplantation in an adult sickle cell disease patient.
- Only cancer hospital of North India doing most challenging Head and Neck Surgeries with results at par with European Cancer Institutes.
- First and Only Cancer Hospital of Delhi, **offering Third Generation Radiation Technology** i.e. Elekta Synergy VMAT with IMRT, IGRT, SBRT and SRS / SRT and Respiratory Gating Capabilities and best Treatment Planning systems like Monaco, CMSxi0, ERGO++ and Plato.
- **First cancer hospital in India** accredited by **National Accreditation Board for Hospitals and Healthcare Providers (NABH)** since 2008.
- **First cancer hospital in North India** accredited by **National Accreditation Board for Testing and Calibration Laboratories (NABL)** since 2010.
- **First cancer hospital in India**, certified for implementing **integrated quality and environment management systems conforming to ISO 9001:2008 and ISO 14001:2004 standards** by TUV-NORD, Germany in 2002.
- First hospital in India, given accreditation by **National Board of Examination (NBE)** for the **Diplomate National Board (DNB) Programme in medical and surgical oncology** in 2001 and 2004 respectively.
- First Cancer Hospital of North India to Start **Post Basic Diploma in Oncology Nursing (PBDON)** in 2010.
- Dharamshila Hospital and Research Centre receives **IMA Medachivers.com Award for its contribution in ONCOLOGY by Starting Accessible, Available and Affordable Comprehensive Cancer Care with state-of-the-art Infrastructure and services in 199**

## **Chapter - 2**

# **REVIEW OF LITERATURE**

Across the United States of America and Europe, consumer satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery more generally. However, consumer satisfaction studies are challenged by the lack of a universally accepted definition or measure (Crow, et al 2002). The absence of a solid conceptual basis and consistent measurement tool for consumer satisfaction has led, over the past few years, to a proliferation of surveys that focus exclusively on patient experience, i.e. aspects of the care experience such as waiting times, the quality of basic amenities, and communication with health-care providers, all of which help identify tangible priorities for quality improvement. The increasing importance of patient experience and the sustained interest in comparing people's satisfaction with the health system across different countries and time periods suggests the need to characterize the factors affecting the satisfaction. Studies of patient satisfaction towards health services, health personnel and resources constitute important elements in the extent to which health services received meet consumers' expectations and needs. They can be used as a means to assess the quality of health care provided. They also help providers to better understand consumers' views (Doghaither et al 2000). Patient satisfaction studies started to appear in the literature about half a century ago. With the growing awareness of the patient as an evaluator of healthcare, more sophisticated and specialized multidimensional scales for measurement of satisfaction were suggested in the literature.

Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations (Pascoe, 1983). Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met. Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment (Guldvog, 1999), take an active role in their own care (Donabedian, 1988), to continue using medical care services and stay within a health provider and maintain with a specific system (Marquis, 1983). Satisfaction is one of the core outcome measures for health care. It is intuitively more appealing than measures of health care effectiveness or efficiency that are more difficult to understand. Satisfaction with health care is a measure with a long history in the social sciences. Most current research is less interested in correlations between patients' characteristics and satisfaction and more focused on improving the quality of care and service delivered to patients and health plan members. Research on health system satisfaction, which is largely comparative, has identified ways to improve health, reduce costs and implement reform (Blendon, et al, 2003).

Satisfaction of patients appears to be a major device in order to take important decisions by the hospital managements. According to Donabedian (1988), any health care provider must desire its basic goals and objectives by offering various patient support services. Therefore, the managements of the health care centres, as a matter of fact, take satisfaction of patients into account as a main goal of strategies. Marquis et al (1983) and Salam (1998), in their studies also opined to change the attitude of management towards providing relevant, purposeful and meaningful services for the patients and for the society as a whole. Wilkin et al (1992), in their study opine that the measurement of patients' satisfaction is a common component of many evaluations. It is a wholly subjective assessment of the quality of health care and, as such, is not a measure of final outcome. Evidence has suggested that care, which is less than satisfactory to the patients, is also less effective, because dissatisfaction is associated with noncompliance with ZENITH International Journal of Business Economics & Management Research Vol.1 Issue 3, December 2011, treatment instructions, delay in seeking further care and poor understanding and retention of medical information. The substance of literature is that most of the studies identified factors responsible for patient satisfaction in various health care centres conducted in foreign locations giving least scope

for the Indian context. Hence, the present study may be considered as one among many studies, which will help the health care providers in better understanding about the various factors that influence the satisfaction of patients and also helps in framing the strategies for effective management of hospitals. Thus the aim of this study was mainly exploratory in nature; with a view to better understand the factors that were associated with patients satisfaction.

A descriptive study at outpatient department of a tertiary care public hospital in Jabalpur. Patient's satisfaction has always been important issue for physicians and hospital administrators. A patient is the ultimate consumer of the hospital. He is the person in distress and expects comfort, care and cure from hospital. He can better judge the performance of a hospital. The present study was conducted with the objective to assess the level of satisfaction in patients attending the OPD of NSCB MC Hospital, Jabalpur. This cross sectional study was carried out at Out Patient Departments of NSCB Medical College, Jabalpur. A total of 422 patients or their attendants >15 year, were chosen as respondents by systemic random sampling, in the period of 62 days from 9 OPDs. A 30- item questionnaire was administered, and responses were noted in term of excellent, good, fair and poor. A total of 400 forms were analyzed out of 422. Mean age of the respondents was 39.08

years. 33% were illiterate and 43% were working on daily wages. The mean waiting time for OPD registration was 25.13 minute, and for consultation, it was 33.04 minutes. A total of 82% respondents were satisfied with examination of doctor, and 70% were satisfied that doctor explained well their queries, but most of them were unsatisfied with public facility signage available at OPDs. An assessment of the level of patient satisfaction related to different OPD care reminded us of certain areas that need improvements, to improve hospital's services - like waiting area, appropriate signboards, availability of public facility, like drinking water, and cleanliness.

Client satisfaction and perceptions about quality of health care at a primary health centre of Delhi, India. Quality of services shows a variation between the client and the provider. Therefore, it needs to be explored whether the quality of care or the lack of quality can explain the utilization of government health care. This paper attempts to assess the utilization of health services and client satisfaction for services provided by a Primary Health Centre (PHC) at Delhi, India. The study was a facility based cross sectional study. Exit interviews were conducted among 400 patients seeking outdoor patient department (OPD) services of the PHC Palam, New Delhi from May 2010 to November 2010. Exit interviews were conducted among the patients at each of the service delivery points in the PHC to assess the utilization of services and the satisfaction of clients with the available services. Most respondents rated the services to be of good quality on various parameters of health delivery. The PHC was the preferred health facility (98%) for treatment seeking in comparison to other healthcare facilities in the area. The main factors affecting utilization of primary health care services provided by the government were easy accessibility, low cost, less waiting time, and presence of co-operative health personnel. Provision of quality primary healthcare services to clients can result in better utilization of services at the primary level, thereby reducing the unnecessary burden of secondary and tertiary level facilities in addition to improving the health status of the community.

A study of patient satisfaction towards outpatient department services (OPD) of a hospital and research centre using exit interview. (Madhavi Mankar, Deepa Velankar, Sumedha Joshi, Aasawari Nalgundwar). Satisfaction is one of the meaningful indicators of patient experience of health care services. Asking patients what they think about the care and treatment they have received is an important step towards improving quality of health care, and ensuring that local health services are meeting patient's needs. Various studies have reported that satisfied patients are more likely to utilize health services, comply with medical treatment, and continue with health care provider. To assess the perceived level of satisfaction and quality of health services provided by the hospital. (1) To find out different problems faced by patients when they had attended OPD services. A cross sectional

study was conducted in a Hospital and Research Centre in Navi Mumbai area through exit Interview. Data were collected using structured questionnaire during period January 2010 to March 2010. Out of the 508 patients interviewed for the study, 228 (44.9%) were males and 280 (55.1%) were females. Majority of the patients (44.3%) belonged to the age group 21-40 yrs, followed by 20.47% in the age group 41-60 yrs. There were only 60 (11.8%) patients who were more than 60 yrs of age. When enquired regarding examination conducted by different staff members, 260 patients (51.2%) were examined by Junior doctors and 144 (28.3%) were examined by Senior doctors. 84 patients (16.5%) were examined by Residents. thus it was seen that more than half the patients were examined by Junior doctors. More than half the patients rated the following determinants as good: waiting time in the hospital (55.1%), privacy in the hospital (59.1%) and time given by doctors (59.1%). However Information Education and Communication (IEC) by the doctors was rated at 37%. The problems perceived by patients were as follows: dirty toilets and un-cleanliness was perceived by 29.9% of patients, while 33.9% said that they were not examined by senior doctors, 19.7% complained that medicines were not available at a subsidized rate while 11.8% said that x-ray and Ct scan were not available sometimes. It was seen that the satisfaction level of the patients with the services delivered by the hospital was good on most of the parameters. Some difficulties were faced by the patients in respect of availability of medicines at subsidized rates, delay in radiology or pathology reports and availability of senior doctors. It is advisable to undertake a similar type of study on a wider scale, to confirm the findings of the above study. It is necessary to strengthen the communication skill of health personnel at higher level towards the patients needs. The basic health care material should be made easily available to the patients at subsidized rate. Up gradation of supportive services to make the patients more hospital friendly is the need of the hour. Patients are the bread runner of health care system so they have to be given highest priority for making the health care system more efficient and effective.

To develop a reliable and valid scale to measure in-patient and outpatient perceptions of quality in India and (ii) to identify aspects of perceived quality which have large effects on patient satisfaction. Cross-sectional survey of health facilities and patients at clinics. Primary health centres, community health centres, district hospitals, and female district hospitals in the state of Uttar Pradesh in north India. Internal consistency, validity, and factor structure of the scale are evaluated. The association between patient satisfaction and perceived quality dimensions is examined. A 16-item scale having good reliability and validity is developed. Five dimensions of perceived quality are identified-medicine availability, medical information, staff behaviour, doctor behaviour, and hospital infrastructure. Patient perceptions of quality at public health facilities are slightly better than neutral. Multivariate regression analysis results indicate that for outpatients, doctor behaviour has the largest effect on general patient satisfaction followed by medicine availability, hospital infrastructure, staff

behaviour, and medical information. For in-patients, staff behaviour has the largest effect followed by doctor behaviour, medicine availability, medical information, and hospital infrastructure. The scale developed can be used to measure perceived quality at a range of facility types for outpatients and in-patients. Perceived quality at public facilities is only marginally favourable, leaving much scope for improvement. Better staff and physician interpersonal skills, facility infrastructure, and availability of drugs have the largest effect in improving patient satisfaction at public health facilities.

A study from the outpatient department of Tertiary care hospital, Jabalpur, Madhya Pradesh, India.(Arvind Sharma, P K Kasar, Richa Sharma.)Patient satisfaction is an important means of measuring the effectiveness of health care delivery and quality of medical care. It denotes the extent to which general health care needs of the patient are met to their requirements. The most important reason to conduct patient satisfaction surveys is that they provide the ability to identify and resolve potential problems before they become serious. This study was designed to assess the patient satisfaction regarding the services provided in outpatient department. A cross-sectional study was carried out in 100 randomly selected patients. They were interviewed at the exit point of outpatient department during the period from 21/09/2013 to 25/09/13. The data were collected on predesigned and pretested questionnaire. Most of the respondents were satisfied with availability of services, professional care, waiting time, behaviour of consultant, nurses, paramedical staff and other staff. The overall satisfaction level was 73% excellent to good, 22% average and 94% respondents answered 'yes' to the question - 'would you recommend this hospital to friends and family. Out of total 68% respondents were unsatisfied with toilet facility and 56% were unsatisfied with drinking water facility.OPD services in a hospital need to be improved by developing patient feedback system.

**CHAPTER – 3**  
**OBJECTIVE OF STUDY**

## **OBJECTIVE OF STUDY**

This chapter presents the design and methodology used for the research project. A research design is a plan of how a researcher intends to conduct the research; it refers to the overall approach or strategy taken. Research methodology on the other hand provides a description of research participants, research instruments, and procedures for administration, data collection and data analysis.

## **RESEARCH OBJECTIVES**

The purpose of this study is to investigate the factors influencing the satisfaction of patients on the availability of various selected hospital services. The following are the research objectives formulated to guide the study.

- To measure the overall and department wise patient satisfaction level of Dharamshila Hospital and Research centre.
- To give recommendation based on patient satisfaction level of Dharamshila Hospital and Research centre.

**CHAPTER 4**  
**RESEARCH METHODOLOGY**

Keeping in view the above aim and objectives the following methodology was adopted

### **INSTRUMENT DEVELOPMENT**

The instrument used in this study consists of two parts. The first part deals with the demographic profile of the respondents such as gender, age, occupation and annual income etc. Part two deals with the factors which are considered most important by the patients for getting satisfaction or dissatisfaction. These factors have been based on five attributes, such as pharmacy, laboratory, radiology, blood bank and laundry & linen. Each of these factors is again subdivided into number of sub variables that are necessary to represent each factor more clearly. The satisfaction of patients is measured by a structured questionnaire prepared on the basis of various sub variables. It consists of 25 questions, each of which is measured on four point Likert's scale, in which,

1. Highly dissatisfied
2. Dissatisfied
3. Satisfied
4. Highly satisfied.

**Material:** To conduct the study internet was searched sites such as Pub Med; Slide Share was referred for information and literature.

**STUDY AREA:** The study was carried out at Dharamshila Hospital and Research Centre.

**STUDY DESIGN:** Patients were met personally and a structured questionnaire will be given to them to fill.

**STUDY POPULATION:** Patients in Dharamshila Hospital and Research Centre

**SAMPLE SIZE TAKEN:** 400 Patients

**DATA COLLECTION TOOL:** Structured questionnaire was used to gather information from patients.

**DATA ANALYSIS:** MS EXCEL

#### **Study design**

The study design was cross-sectional.

## **Study Tools**

The pre-tested, structured questionnaire was administered to patients. The following parameters are designed to fulfil the objectives-

### **Personal characteristics:**

- Age
- Gender
- Education
- Annual Income

### **Primary Data:**

Primary data was collected mainly through structured questionnaire. The questions will be designed in an easily understandable manner that the respondents may not have any difficulty in answering them.

### **Data Collection Tools-**

Structured Questionnaire

**CHAPTER – 4**

**DATA ANALYSIS AND**

**INTERPRETATION**

## **PROFILE OF THE RESPONDENTS**

Of those responding to the questionnaire, it was found that 75 percent (300) were male while 25 percent (100) were female (Table 1). Out of which 12.5 percent (50) of the respondents are below 25 years of age, 13 percent (52) are in the age group of 25 to 35 years, 16 percent (64) are in the age group of 35 to 45 years and 58.5percent (234) respondents are with above 45 years of age. With respect to educational background of the respondents, 22.5 percent (90) were with SSC, 11.5 percent (46) were HSC, 27 percent (108) were with graduation, 39 percent (156) were post graduates. Similarly 26.25 percent (105) were in the income level of 2-3 Lac, 39 percent (156) were in the income level of 3-5 Lac, 34.75 percent (139) were in the income level of 5-10 Lac. An analysis of the respondents in terms of their age, education and income levels reveal that majority of respondents were belongs to more than 45 years age category with Post-graduation and whose income levels are ranging from 3-5 Lac.

<b><u>TABLE 1: PROFILE OF THE RESPONDENTS</u></b>		
	No. of Respondent	Percentage
1. Gender		
Male	300	75.00
Female	100	25.00
Total	400	100.00
2. Age		
(a) Less than 25 Years	50	12.5
(b) 25-35 Years	52	13.00
(c) 35-45 Years	64	16
(d) Above 45 Years.	234	58.5
Total	400	100
3. Education		
HSC	46	11.5
SSC	90	22.5
Graduation	108	27
Post-Graduation	156	39
Total	400	100
4. Salary		
(a) 2-3 Lac	105	26.25
( b) 3-5 Lac	156	39

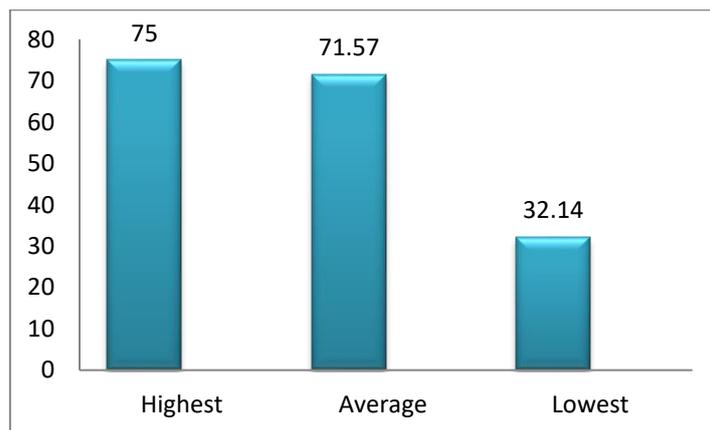
(c) 5-10 Lac	139	34.75
Total	400	100

**PATIENT SATISFACTION WITH REGARD TO HOSPITAL SERVICES**

To assess the level of satisfaction of sample respondents, some of the important hospital related services in terms of pharmacy, laboratory, radiology, blood bank and laundry & linen have been considered. For quantification of the responses of the sample patients weights have been assigned as +2, +1,-1, and -2 for the responses of highly satisfied, satisfied, dissatisfied and highly dissatisfied respectively.

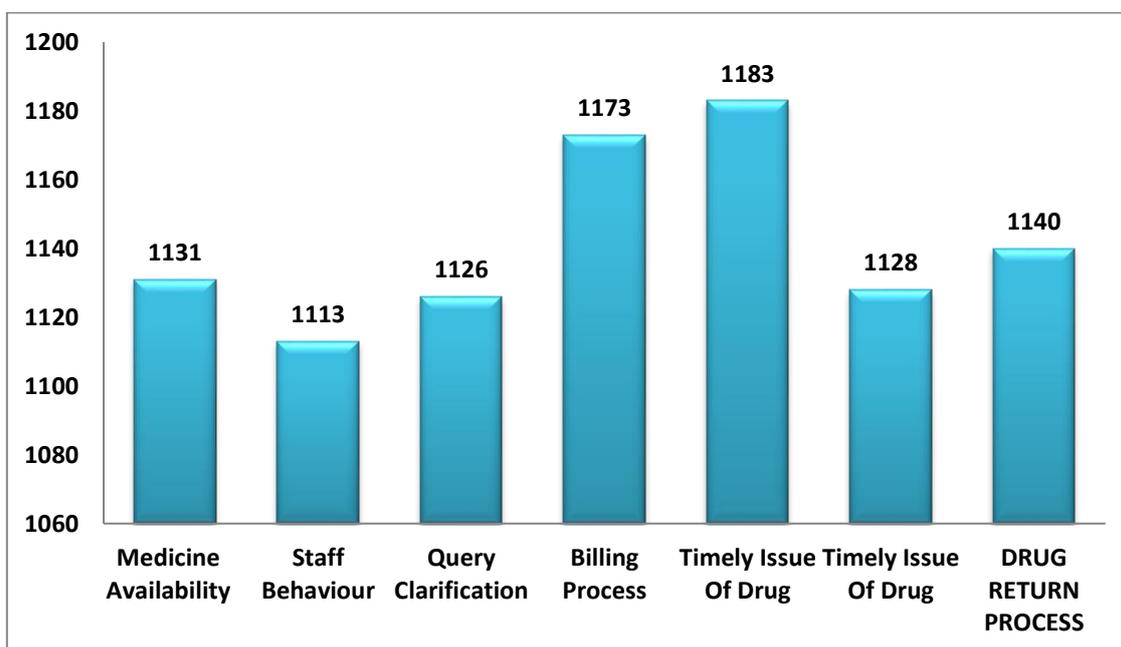
**PHARMACY SATISFACTION LEVEL**

Highest	75
Average	71.57
Lowest	32.14



**Figure 1**

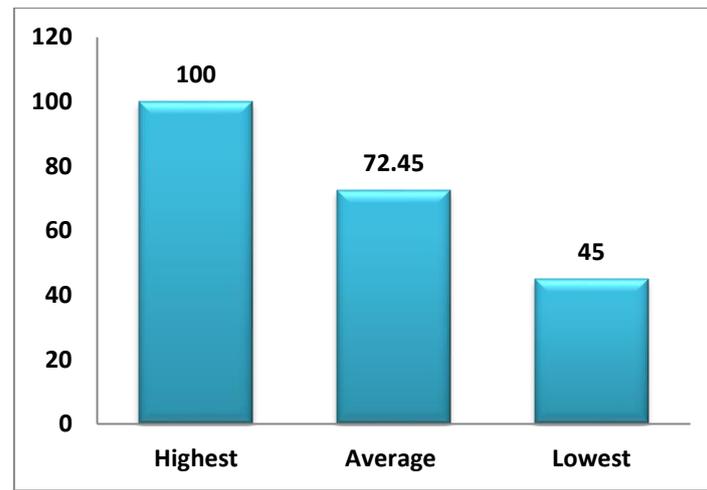
<b>Table-2: Pharmacy Question wise Score</b>	
<b>Medicine Availability</b>	1131
<b>Staff Behaviour</b>	1113
<b>Query Clarification</b>	1126
<b>Billing Process</b>	1173
<b>Timely Issue Of Drug</b>	1183
<b>Drug Rate</b>	1128
<b>Drug Return Process</b>	1140



**Figure 2**

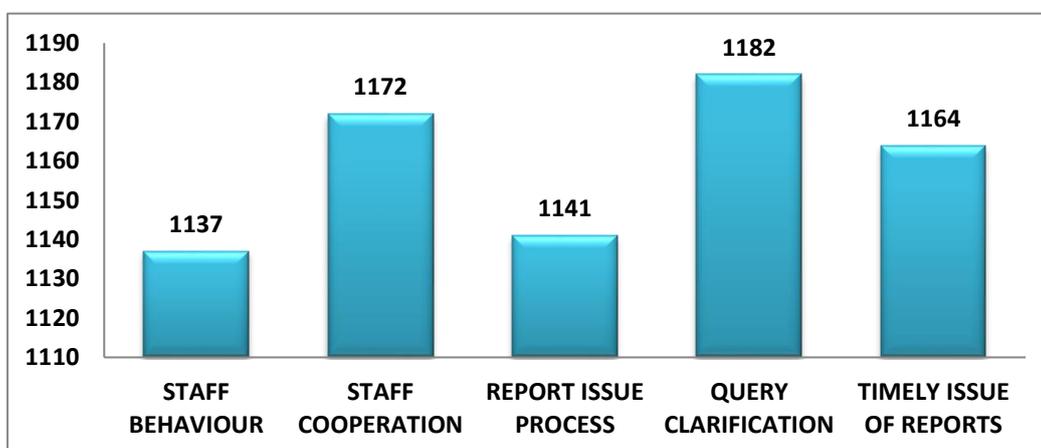
## LABORATORY SATISFACTION LEVEL

<b>Table 3-Laboratory Satisfaction Level</b>	
Highest	100
Average	72.45
Lowest	45



**Figure 3**

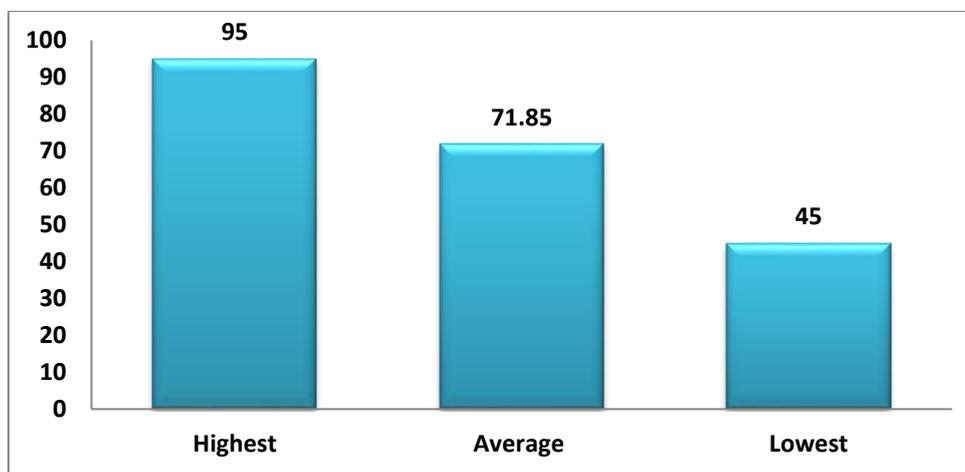
<b>Table 4: Lab Question wise Score</b>	
Staff Behaviour	1137
Staff Cooperation	1172
Report Issue Process	1141
Query Clarification	1182
Timely Issue Of Reports	1164



**Figure 4**

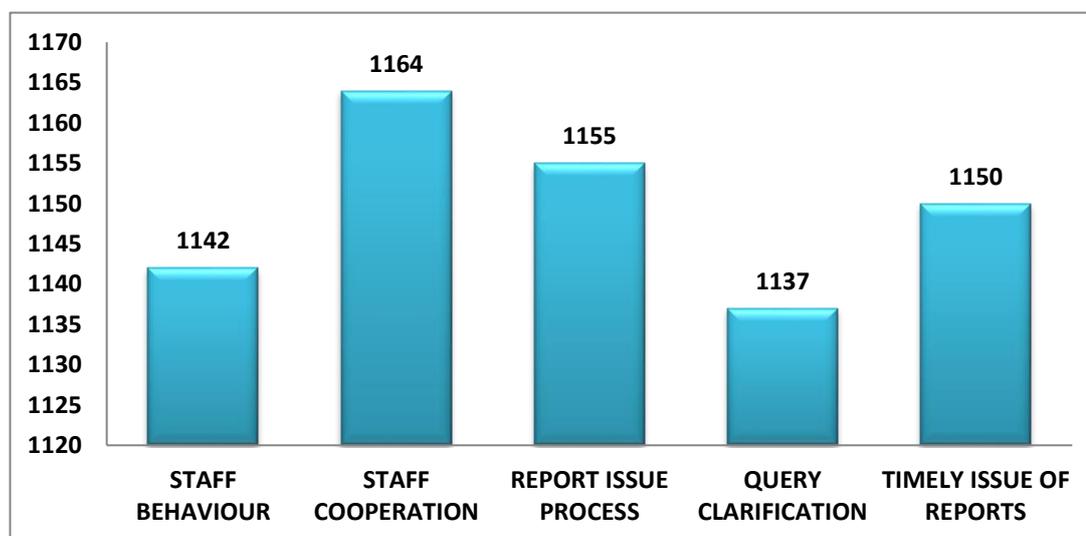
## RADIOLOGY SATISFACTION LEVEL

<b>Table 5-Radiology Satisfaction Level</b>	
Highest	95
Average	71.85
Lowest	45



**Figure 5**

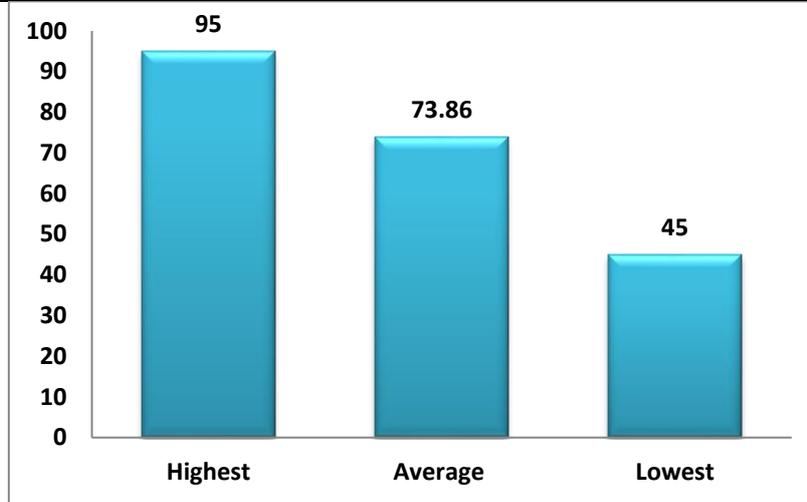
<b>Table 6-Radiology Question wise Score</b>	
Staff Behaviour	1142
Staff Cooperation	1164
Report Issue Process	1155
Query Clarification	1137
Timely Issue Of Reports	1150



**Figure 6**

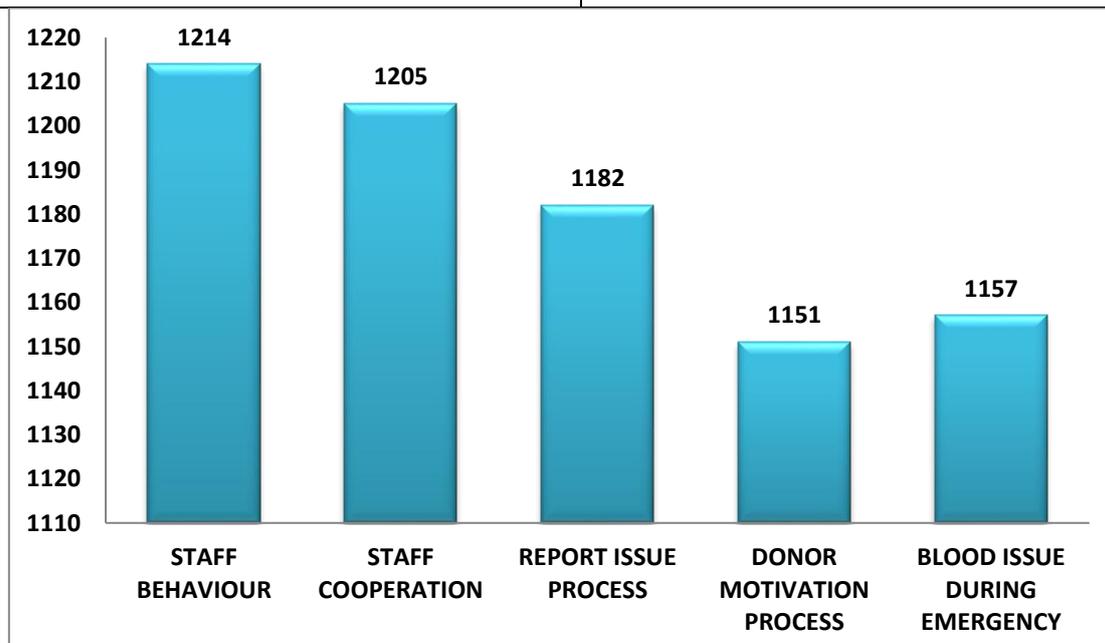
## BLOOD BANK SATISFACTION LEVEL

<b>Table 7-Blood Bank Satisfaction Level</b>	
Highest	95
Average	73.86
Lowest	45



**Figure 7**

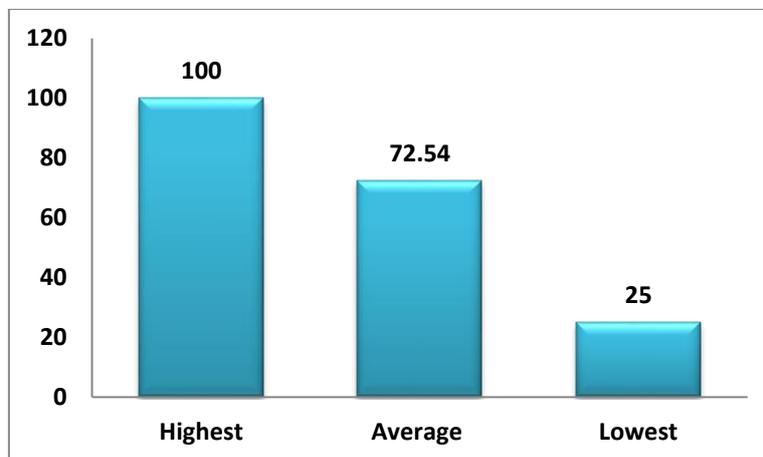
<b>Table 8: Blood Bank Question wise Score</b>	
Staff Behaviour	1214
Staff Cooperation	1205
Report Issue Process	1182
Donor Motivation Process	1151
Blood Issue During Emergency	1157



**Figure 8**

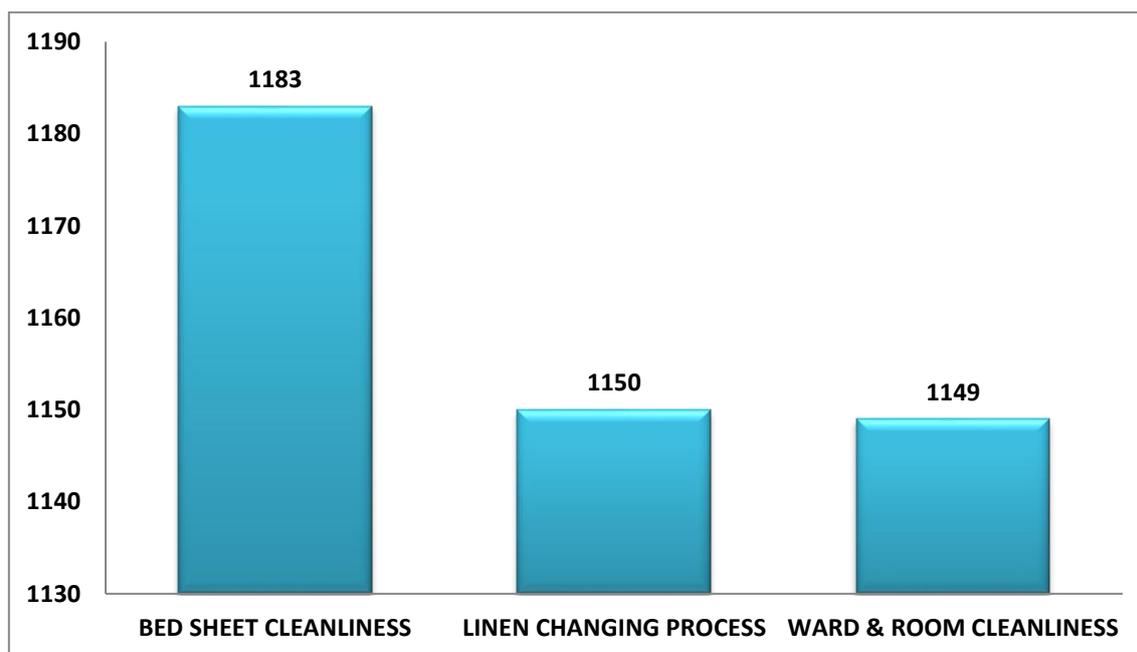
## LAUNDRY SATISFACTION LEVEL

Table 9-Laundry Satisfaction Level	
Highest	100
Average	72.54
Lowest	25



**Figure 9**

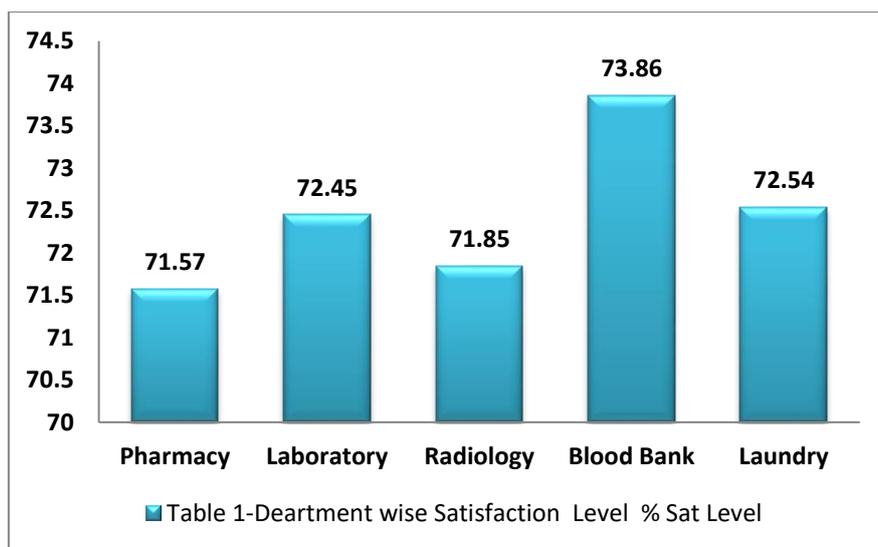
Table 10: Laundry Question wise Score	
Bed Sheet Cleanliness	1183
Linen Changing Process	1150
Ward & Room Cleanliness	1149



**Figure 10**

## DEPARTMENT WISE SATISFACTION LEVEL

<b>Table 11-Department wise Satisfaction Level</b>	
<b>Dept</b>	<b>% Sat Level</b>
Pharmacy	71.57
Laboratory	72.45
Radiology	71.85
Blood Bank	73.86
Laundry	72.54



**Figure 11**

**CHAPTER- 6**  
**CONCLUSIONS AND**  
**RECOMMENDATION**

## **Conclusion:**

The highest score for patient satisfaction is 89%.The average Satisfaction level of Hospital is 72.3%.The lowest score for patient satisfaction is 53%.Satisfaction Level is highest for BB 73.86%.Satisfaction Level is lowest for Pharmacy 71.57%.Satisfaction level of Radiology is 71.85%.Satisfaction level of Laboratory is 72.45%.Satisfaction level of Laundry is 72.54%.

## **Recommendation:**

- Training to improve staff behaviour for all five departments.
- The pharmacy department needs additional training to improve human skills and front end staff behaviour.
- Drug rates needs to be regulated.
- In lab report issue procedure needs to be improved.
- Motivation campaign needs to be undertaken to motivate donors.
- The procedure for blood issue during emergency need to be refined.

## REFERENCES

- 1) Donabedian A: The quality of care. How can it be assessed? JAMA 260,1743-1748 (1988)
- 2) Doghaither AH, Abdelrhman BM, Saeed AA.(2000), Patients' satisfaction with physicians' services in primary healthcare centers in Kuwait City, Kuwait. J R Soc Health; 120:170-174.
- 3) Gadallah M, Zaki B, Rady M, Anwer W, Sallam I(2003),. Patient satisfaction with primary health care services in two districts in Lower and Upper Egypt. East Mediterr Health Journal; 9:422-430 ZENITH International Journal of Business Economics & Management Research Vol.1 Issue 3, December 2011, ISSN 2249 8826 Online available at <http://zenithresearch.org.in/>
- 4) Guldvog B, (1999),: Can patient satisfaction improve health among patients with angina pectoris? International Journal Quality of Health Care 11, 233-240 9. Hair J F, Rolph E Anderson and Ronald LT (1998), "Multivariate Data Analysis",5th Edition, Prentice Hall, Upper Saddle River.
- 5) Marsh GW(1999), Measuring patient satisfaction outcomes across provider disciplines. J Nurs Meas; 7:47-62.
- 6) Marquis MS, Davies AR and Ware Jr JE. (1983), Patient satisfaction and change in medical care provider: a longitudinal study. Medical Care 21, 821-829
- 7) NareshMalhotra and SathyaBhushan Dash. (2009),"Marketing Research", 5th Edition, Pearson publications Limited, New Delhi, pp-615-617.
- 8) Nunally Jam C (1978), Psychometric Theory, Mc Graw Hill Company, New York.
- 9) Pascoe GC (1998), Patient satisfaction in primary health care: a literature review and analysis. Eval Prog Plan 6, 185- 210 (1983), Ratchaburi province, Thailand. Thesis. Degree Master of Primary Health Care Management
- 10) Salam MA: Factors influencing client satisfaction towards antenatal care service in the MCH hospital, Journal of Personality and Social Psychology, Vol-71, No 4, pp 192-208.
- 11) Wilkin D, Hallam L and Doggett M (1992), Measures of need and outcome for primary health care: Oxford Medical Publication.

**ANNEXURE**

**QUESTIONNAIRE**

<b><u>SATISFACTION OF PATIENT WITH REGARDS TO HOSPITAL SERVICES</u></b>				
<b>Attributes</b>	<b>Highly Satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Highly Dissatisfied</b>
<b>Pharmacy Services</b>				
Availability of medicines				
Behaviour of the staff				
Clarification for queries				
Process of the billing				
Rates or charges for medicines				
Timely issue of drugs				
Process of returning drugs				
<b>Laboratory Services</b>				
Behaviour of the staff				
Co-operation from the staff				
Process of issue of reports				
Clarification of queries				
Timely issue of reports				
<b>Radiology services</b>				
Behaviour of the staff				
Co-operation from the staff				
Process of issue of reports				
Clarification of queries				
Timely issue of reports				
<b>Blood Bank Services</b>				
Behaviour of the staff				
Co-operation from the staff				
Clarification of queries				
Process of motivate donors				

Issue of blood during emergency				
<b>laundry &amp; linen services</b>				
Cleanliness of the bed sheets and pillow covers				
Process of changing of changing of Linen				
Cleanliness of the wards and rooms				
Total Score				
Maximum Score				