

Internship Training

At

Life care group of hospitals

Bahadurgarh

(April 16 – July 31, 2013)

**PATIENT SATISFACTION TOWARDS OUT PATIENT &
INPATIENT
DEPARTMENT SERVICES**

By

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Post-graduate Programme in Hospital & Health Management,

2011-2013



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New Delhi

Acknowledgement

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **PATIENT SATISFACTION IN OUT PATIENT & INPATIENT DEPARTMENT SERVICES** and submitted by **DR. AJAY KUMAR** Enrolment no. **PG\11\077** under the supervision of **DR. P.K. TANEJA** For award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 16th April 2013 to 31st July 2013 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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This is to certify that **Dr. Ajay Kumar** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "PATIENT SATISFACTION TOWARDS OUT PATIENT & IN PATIENT DEPARTMENT SERVICES" at "LIFE CARE GROUP OF HOSPITALS" 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.

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Certificate of Approval

The following dissertation titled "PATIENT SATISFACTION IN OUT PATIENT DEPARTMENT" at "LIFE CARE GROUP OF HOSPITALS" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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TO WHOM IT MAY CONCERN

This is to certify that **Dr. AJAY KUMAR S/O SH. ASHOK KUMAR**, Pursuing post graduate diploma in hospital & health management, 2nd year from IIMR Dwarka, has worked as OPD manager as a part of his summer training in Life Care Group of Hospital, Bahadurgarh from 16th April – 31st July, 2013.

He has done his studies on “**patient satisfaction in OPD department services**”

He was under training as OPD manager for the same time period.

His work during this period was satisfactory.

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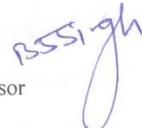
The candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.



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FEEDBACK FORM

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Dissertation Organisation:

LIFE CARE GROUP OF HOSPITALS

Area of Dissertation:

OPD & IPD DEPARTMENT

Attendance:

90%.

Objectives achieved:

YES

Deliverables:

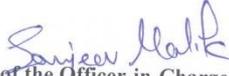
Completed his project on OPD &
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Strengths:

Hard working, Good communication.

Suggestions for Improvement:

Be more punctual.


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ABSTRACT

This study was conducted to evaluate patient satisfaction towards OPD & IPD health care services in Life Care Group of Hospitals (LCGH), Bahadurgarh.

The study population was aged over 15 yrs, sample size was 200(150 OPD, 50 IPD), and data was collected by self administered questionnaire from 16th April 2013-31st July 2013.

The main factors were:-

- Location
- OPD timings
- Facilities available
- Experience
- Services available
- Staff behaviour
- pharmacy
- Pricing etc.

The overall satisfaction was 54%, scored using Likert's scale

Patients were highly satisfied towards medical expenses, registration services, staffs behaviour, and relatively less satisfied with opd timings, pharmacy and physical facility.

The past experience showed no association with patient satisfaction.

Based on the results of the study, an improvement is required in physical facility, doctor's services, pharmacy services and medical equipment. Also OPD waiting time should also be reduced for betterment of patients.

Follow up studies are recommended for comparison of both LCGH hospitals with each other and with other hospitals.

Periodic assessment of patient satisfaction should be done to make healthcare services better and attract more patients.

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List of abbreviations

LCGH - Life Care Group of Hospitals

OPD - outpatient department

IPD - inpatient department

INTRODUCTION

Across the world consumer satisfactions playing an increasingly important role in quality of care and health care delivery. However exact definition of consumer satisfaction is not defined. Some researchers focus on patient satisfaction with the quality and type of health care provided while others focus on people satisfaction with the health system. Both perspectives have their own importance.

Person centred care has become a central concept in healthcare as a response to:

- A general trend towards increasing attention to social inclusiveness and the needs of the customer.
- The rapidly increasing cost of healthcare and the imperative for effectiveness.
- The focus on improvement of processes and outcomes of care
- Increased access of patient/clients to information about healthcare treatments

Satisfying patient is more likely to complete treatment regimen.

The increasing importance of patient experience and the sustained interest in competing people's satisfaction with the health system across different countries and time periods suggest the need to relate relation between them.

Yet to what extent patient experience explains satisfaction with the health care system remains unclear.

There is a growing evidence of the links between consumer feedback and participation in decision-making in individual care leads to improvements in health outcomes

Effective consumer feedback strategies

- Lead to more accessible and effective health services (Draper and Hill, 1995).
- Facilitate participation by those traditionally marginalized by mainstream health services (Alexander and Hicks, 1998).
- Make organisations more aware of significant areas of dissatisfaction with care and services (Ovretveit, 1998).
- Give staff new insights into how people perceive aspects of their care (Draper, 1997) and can increase consumer confidence

Patients/clients are rightly becoming more involved in their own healthcare and are being encouraged to do so. The movement to include patient/client evaluations of care is growing as more providers/organisations realize that patient/client satisfaction measurement is a cost effective, non invasive indicator of quality of care. Giving the patient/client an opportunity to voice their opinions about the care they receive can be seen as part of a broader commitment to public and patient/client participation in healthcare service planning and delivery

What is patient satisfaction?

Satisfaction, like many other psychological concepts, is easy to understand but hard to define. The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved.

Patient /Client satisfaction is an attitude – a person’s general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (Keegan et al, 2002). Meredith and Wood (1995) have described patient satisfaction as ‘emergent and fluid’. It also has been described as a particularly passive form of establishing consumer’s views (McIvor, 1992).

Satisfaction is achieved when the patient/client’s perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations.

There are many elements that can define satisfaction, some of them are

1. Accessibility/convenience
2. Availability of resources
3. Continuity of care
4. Efficacy/outcomes of care
5. Finances

6. Humaneness
7. Information gathering
8. Information giving
9. Pleasantness of surroundings
10. Quality/competence

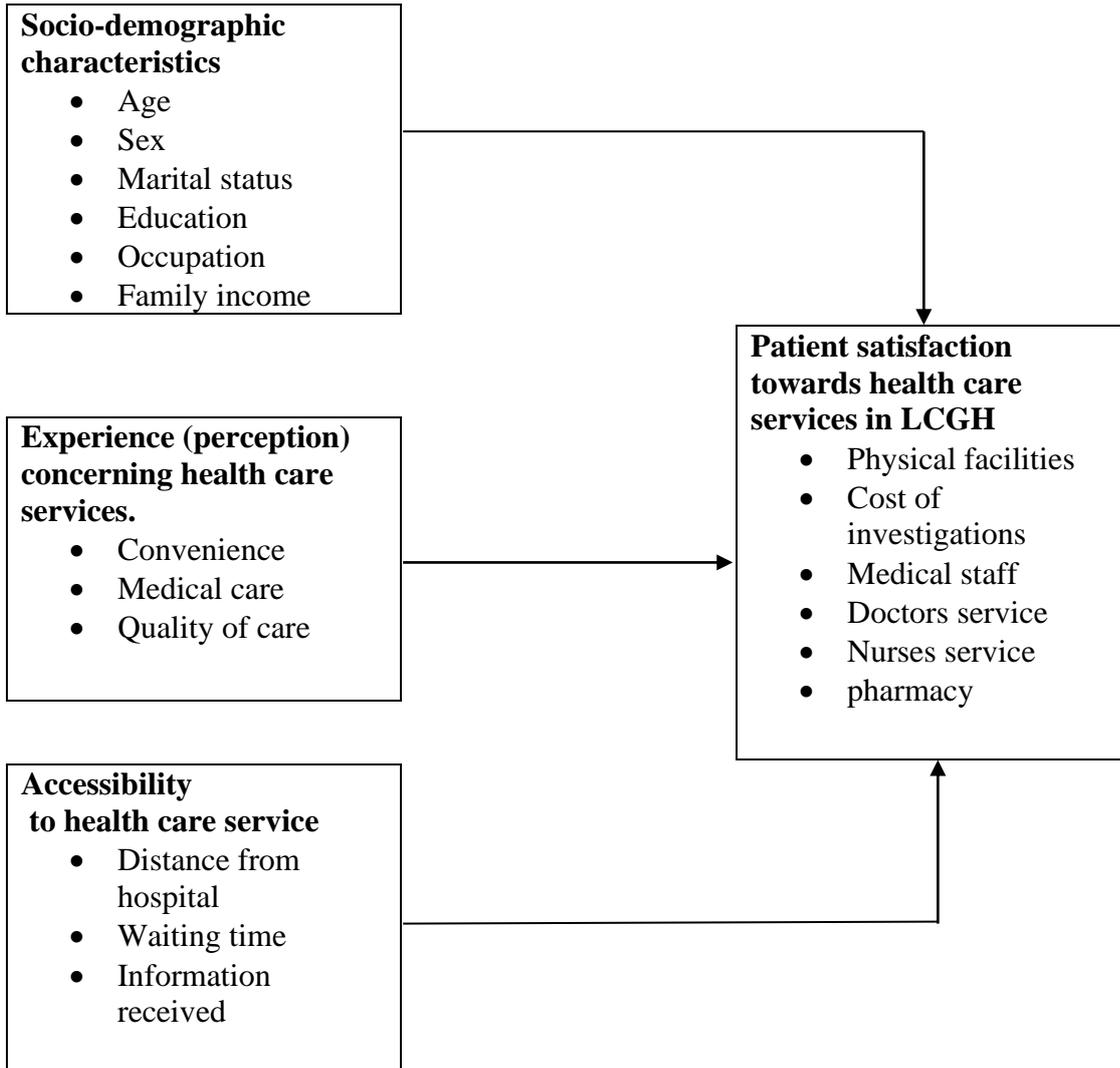
Operational definitions:

- **Patient**
 - It is referred to the person who first comes to OPD at the time of filling the questionnaire form, for the treatment of himself/herself.
- **Outpatient department**
 - It is referred to the hospital unit that a patient attended for treatment or consultation and did not stay overnight in the hospital
- **In patient department**
 - It is referred to the hospital unit that a patient is admitted for overnight for tertiary care.
- **Socio demographic characteristics**
 - It consists of age, sex, marital status, occupation, education, family income and family size.
- **Satisfaction**
 - It could be defined as individual feelings or perceptions towards OPD health care services and the extent to which these services met the need of users. The satisfaction was used as a composite variable and its level was determined by patient assessing physical facility, registration and expenses.

Conceptual framework

Independent variable

dependent variable



REVIEW OF LITRATURE

In order to understand the scope and importance of patient satisfaction, it is necessary to discuss the idea of satisfaction in the context of the quality of care delivered to patients. In the healthcare sector, the term quality is multi faceted. With regards to patient satisfaction, quality from each perspective is generally judged by clinical outcomes.

In 1960 and 1970 many studies assessed the association of health care and patient satisfaction. In fact patient satisfaction is influenced by numerous factors and only continuous evaluation can identify the factors which can affect the satisfaction.

1. PATIENT SATISFACTION – A TOOL TO HELP IMPROVE PATIENT CENTERED QUALITY SERVICE, U.S.A.

A study at New York Methodist hospital is a prime example of a popular quality assessment tool utilized by various healthcare organizations includes patient satisfaction surveys. Thus patient satisfaction surveys enable organizational leaders to have some clear insights in to the inner workings of their healthcare facility. The life care group of hospitals is a prime example of a multidisciplinary institution that encounters issue related to patient satisfaction and successfully addressed them. The data generated through this survey provided a strong foundation in which to evaluate, management and staff performance using information directly provided by their healthcare consumers. Their patient satisfaction surveys instituted as a tool to set goals based upon patient expectations and service quality.

In today's booming and expanding information age, consumers are arguably now much more informed about the choices they make regarding the goods and services they purchase than compared to time earlier. These premises all hold true for health care industry. Contemporary now a day's patients are now assumed to be submissive one. Rather they are the one who make the choice to purchase the service and providers that best meet their health care need. So now modern healthcare industry is driven by consumer demands which provides them with useful information and involves them in decision-making.

in order to stay in business, it is important for a healthcare organisation and their providers begin to recognize that viewing patients as customer and improving customer satisfaction has direct implication on healthcare quality-both in terms of service rendered and the reputation of the institution for best meeting its patient's needs.

Moreover, J. D. Power and Associates conducted a study in 2004 of 2,350 patients. The results of their study showed that “satisfaction with the hospital experience was driven (in order of importance) by dignity and respect, speed and efficiency, comfort, information and communication, and emotional support” (Safavi, 2006, p. 216). In both 2004 and 2005, the Agency for Healthcare Research and Quality and CMS (Centers for Medicare and Medicaid Services) assembled 16 separate focus groups in six U.S. cities to determine what healthcare consumers thought to be the most significant characteristics of quality care delivered in hospitals. The results of both studies taken together showed that consumers preferred four qualities: (1) Doctor communication skills; (2) responsiveness of hospital staff; (3) comfort and cleanliness of the hospital environment; and (4) nursing and hospital staff communication skills (Safavi, 2006). This has allowed health care organisation to bring to the forefront the idea that patients are actually choosing to purchase the healthcare services they desire; stressing the fact that the healthcare delivery system is a highly competitive market.

2. Lebow, 1983 reported that the satisfaction level has never been a fix and consistent score. It changes with circumstances and the quality and quantity of service provided. It has been reported by examination several studies that satisfaction rate was as high as 91-100% and as low as 51-60%. Chetwand, 1988 reported that most common complaints of his subjects were that hospital is under staffed and waiting list is long. Hence, lowering the level of patient satisfaction. It has also been indicated by Rodney, 19986 that patient shows satisfaction in terms of continuity, effectiveness of care and dissatisfaction in areas of cost and accessibility.

In a study about satisfaction in 30 hospitals, it was determined that areas of dissatisfaction were long waiting time, poor cleaning and hospital settings, and weak doctor patient relationship. Mahon, 196 said that satisfaction implies complete fulfillment of patient’s desire, wishes and needs and patient satisfaction is influenced by the degree to which care fulfils expectation.

The literature review revealed the following three important relationships

- Satisfaction was a function of expectations, perceived performance, and disconfirmation.
- Intention to repurchase was a function of patient satisfaction.
- Choice was a function of expectations and intention to repurchase.

The higher the expectation met, the higher will be the patient satisfaction.

Hence patient satisfaction is factor that may help in improving the hospital functioning, it can be a good tool for administrators to know the problems of patients. It can also help the physicians to know the response of their health care delivery. In the end it may a highly useful indicator for the future policy makers to set the direction of their strategy for providing efficient and equitable health care the consumers.

3. Experience to health care services

Crow et al, 2003 in their review of literature identified that satisfaction was linked to prior experience with health care and granting patient's desires e.g. fir tests.

The prior experience in this research was analyzed with reference to convenient of care, quality of care and medical expenses. Experience of patient creates expectation and perception image about quality of care. Patient's expectation is usually higher if there is a direct out of pocket expense. Regularity of use is another key element in shaping patient's perceptive expectation and experience.

4. Convenience

It is also an important factor with reference to the patient's experience. In a study by Sriratanbul and Pimpokovit, 1973, of outpatient department, patients feeling were interviewed and found out that one third cases met some problem of convenience of service. It affected their level of satisfaction. Patient has to wait for many hours. The association between waiting time, doctor, nurse and pharmacist services was computed with satisfaction and strong correlation was found between waiting and nursing service with patient satisfaction. About 61% if patient reported that the waiting time was not reasonable. In a study at Ramathibodi hospital, it was shown that the waiting time was the most important factor influencing the satisfaction.

At registration counter it was noticed that patients with higher education and longer waiting tie had lower satisfaction. At pharmacy unit same pattern was observed.

5. Medical expense

In Sweden, in a study it was examined to which extent people may neglect getting PHC services due to the cost associating physical, social demographic and psychological factors. A questionnaire was distributed in four hundred thousand people out of whom 30% respondents replied that they do not take treatment due to the cost. Those who were socially and financially deprived were student, unemployed, and foreigner and single mothers. It was conducted that rapidly increasing patient charges particularly affect the weaker social groups and thus hamper the idea of equitable service to all.

6. Quality of care

It refers to the provider's skills and ability in treatment and sufficiency of health facilities. In this research, it included treatment received from doctor, availability of prescribed medicines from hospital, skill of the nurse in using medical equipment, opportunity provided by the doctor for asking about the illness, and attention paid by hospital staff in emergency cases.

ORGANISATION PROFILE

Life care group of hospital primary care hospital which provides a wide range of medical, surgical services for the total management of patients and is highly regarded for its clinical expertise, the institution has taken major strides in the field of providing world class affordable care to the patients of the Bahadurgarh.

The hospital is committed to improve the health and satisfaction level of patients by ensuring continual improvement by-

- Providing high quality care according to health need of the patient.
- Facilitation patient satisfaction by service and ensuring the dignity and rights of patients.

The hospital has-

- Hi-tech critical care units of ICCU, ICU.
- Complete urology and nephrology including dialysis unit.
- Full laboratory services with 24 hour service.
- Advanced imaging and radio diagnostics including x-ray, CT, MRI, USG..

LOCATION

Life care group of hospitals

Bahadurgarh

VISION

To prevent disease and treat patients by providing affordable health care of international standards in India

MISSION

To become one of the recognizable name in health care provider in nearby area by 2020.

Offering comprehensive services from prevention to palliation at an affordable price

Based on core values of quality, ethics, compassion and respect for all

Treatment available

OPD care

ICU

NICU

Endoscopy

Pediatrics

Emergency

Minor and major OT

Maternity facilities

OBJECTIVE

General objective

To evaluate patient satisfaction towards health care services in the IPD and OPD of life care group of hospitals.

Specific objective

- To determine the level of patients satisfaction towards IPD and OPD services with references to physical facilities, medical equipment, medical staff services and laboratory services at life care group of hospitals.
- To describe accessibility of patients towards OPD services at LCGH
- To describe experience of patients in terms of convenience, medical expenses and quality of care towards OPD & IPD health care services towards other health care facilities other than LCGH
- To determine relation between socio-demographic characteristics, accessibility, experience and patient satisfaction concerning the OPD & IPD services at LCGH.

METHODOLOGY

Research design

A cross sectional descriptive study was done in LCGH to determine patient satisfaction towards the out patients & inpatients services. The main purpose of this research was to determine the association between the independent and dependent variable, such as the socio-demographic characteristics, experience of patients towards the OPD health care services other than LCGH, accessibility to OPD health care services and patient satisfaction which was dependent variable

Study area

Patients at life care group of hospitals

Study population

IPD and OPD patients at LCGH

Sample size

50 IPD and 150 OPD patients

Sampling method

The sample was drawn by systematic random sampling techniques from the patients present at the registration counter, waiting in the OPD waiting and admitted in IPD.

Research instrument

The research instrument was a structured, self administered questionnaire which was designed under the guidance of the advisors. The questionnaire was translated in hindi for easy understanding of respondents. A pretext of 17 questions was performed in the OPD & 12 questions in IPD for reliability and results were concluded from these.

Study period

April-July 2013

Data collection

Direct contact with the patients, or their attendants.

In order to determine level of satisfaction respondents were asked questions and Likert's five point rating system was used for satisfaction. The rating was done as follow:

- 5 = strongly agree
- 4 = agree
- 3 = do not agree
- 2 = disagree
- 1 = strongly disagree

The satisfaction level was determined as follow, the respondent securing a score of 3 or more were considered satisfied while those securing less than 3 were labeled not satisfied.

RESULTS

A Total of 200 patients were questioned out of which 150 were OPD patients and 50 were IPD patients the result is presented as follow

Experience concerning the OPD services of health care facilities in LCGH

Variable of experience was used to determent the level of perception of respondents towards health care services. This experience was related to the previous health care services availed by patients.

The experience consist of 17 questions as in table 1 & 2

Table 1 – experience of the patient concerning OPD health care services at LCGH

Experience to health care services	N= 150	
	High satisfied	low satisfied
Convenience		
Waiting time for physical examination	90 (62)	60 (38)
Waiting time for receiving medicine pharmacy	80 (53)	70 (47)
Place for receiving the medicine	45 (30)	105 (70)
OPD timing is adequate for your need	117 (78)	33 (22)
Receiving medical services from one department to another Department in OPD	56 (37)	94 (63)
Medical expenses		
Cost of lab investigation	130 (86)	20 (13)
Cost for radiological investigation	120 (80)	30 (20)
Quality of care		
Treatment received from physician	120 (80)	30 (20)
Medicine prescribed by physician	57 (38)	93 (62)
Skill of nurses	111 (74)	39 (26)
Frankness with doctor	118 (79)	32 (21)
Hospital staff behavior	84 (56)	66 (44)

Majority of patient 62 % admitted that they had experienced long waiting time for physical examination. In addition 53.5% of the patients conveyed that they had experience of long waiting time receiving the medicine on OPD pharmacy.

Moreover, 70% patient informed that medicine receiving place is not convenient, there should be more sitting space as in peak hours.

More than 58% patient admitted that treatment receiving place in opd was adequate.

More than 3/4th around. 78% of the patient was agreed that opd schedule was adequate.

More than 63% of respondent informed that receiving medical service from one OPD dept. to another OPD dept. was difficult.

Replying about the cost of lab investigation, 87% of the patients in both cases considered it affordable while 80% of the patients believed that cost for x-ray test was suitable.

Most patient 80% felt that treatment received from doctor was good.

About 61.5% of the patients replied that they will not be able to receive the all medicine prescribed by hospital.

However, 74% respondent believed that nurses were skilled in using medical equipment.

Most of the patient 79% admitted that doctors gave them opportunity to ask about illness.

Similarly most of the patient 56% accepted that hospital offices listened to them in problems.

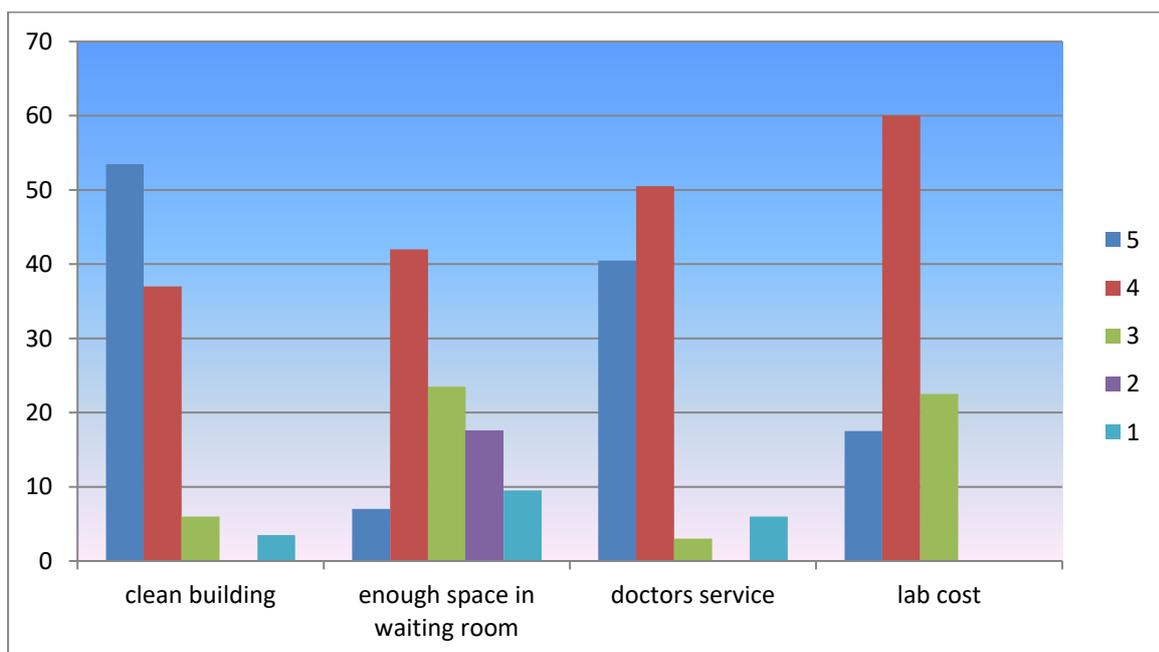


FIGURE 1-PATIENT SATISFACTION TOWARDS OPD FASCILITIES IN TERMS OF LIKERT'S SCALE

Table 2 – accessibility of the patients towards OPD health care services in LCGH

Characteristics	N= 150	
	Number	%age
Accessibility		
With in 5 km	127	85
>than 5 km	23	15
Waiting time for doctors examination		
Less than 30 min	90	62
More than 30 min	60	38
Time spend in opd		
<60 min	91	60.6
>60 min	59	39.4

a high satisfaction was seen among the patients, 85% whose home was within 5 km of range, as it was easy for them to access the health care services and also their valuable time is saved for travelling to distant hospitals.

Also they were satisfied with the time taken for doctors examination but they wanted it to less as much possible.

Level of total satisfaction with OPD health care services at LCGH

Total satisfaction, as given in table 2 & 3, was calculated by dividing it in to highly satisfied and low satisfied group. The respondent securing a score of 3 or more were highly satisfied while those score less than 3 were low satisfied and it means hospital has to achieve much more to make them highly satisfied.

Table 3 number and percentage distribution of satisfaction in outpatient department

Variables	level of satisfaction	
	high satisfied number (%)	low satisfied number (%)
Physical facilities	79 (52.5)	71 (47.5)
Medical equipment	97 (64.5)	53 (35.5)
Doctor services	92 (61.5)	58 (38.5)
Nurse services	114 (76)	36 (24)
Pharmacy	97 (64.5)	53 (35.5)
Registration	116 (77.3)	34 (22.7)
Diagnostic & lab facilities	121 (81)	29 (19)
Waiting time in OPD	9 (6)	141 (94)
Opd timings	117 (78)	33 (22)
Overall satisfaction	80 (53.33)	70 (46.66)

Those patients who scored 3 or more on Likert's scale were considered highly satisfied. And upon analysis of table 2 it is found that mostly patients were highly satisfied. A high number of satisfactions is seen in areas like nurses services, lab pricing, opd timings.

Also high dissatisfaction was seen in waiting time in OPD. Patients complained that they have waited for more than 30 min. for their turn to see the doctor. And wanted to lessen this time.

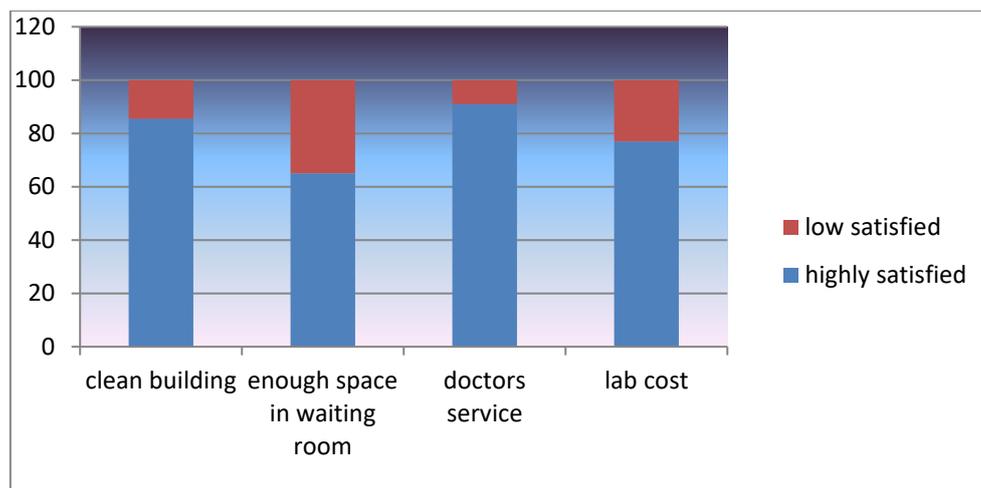


Figure 2- patient satisfaction towards OPD health care in Likert's scale

Table 4 satisfaction of patients towards physical facilities provided in Outpatient department

physical facility	N = 150	
	satisfied number	(%)
Building of hospital is clean	142	94
Ventilation inside hospital	126	84
Enough light inside hospital	150	100
Noise inside hospital	90	60
Clean toilets	100	67

Most of patients, around 94% stated that building of hospital is clean. An also there is good ventilation inside the hospital building.

Almost all patient were satisfied with lightening inside the hospital.

Around 30% of patient complained of dirty toilets during peak hours, they suggested that toilets should be clean especially in the OPD area as there are many patients waiting for their turn to see the doctor.

Also 40% of patient complains of noises around the hospital, and measures should be taken to make it a silent zone.

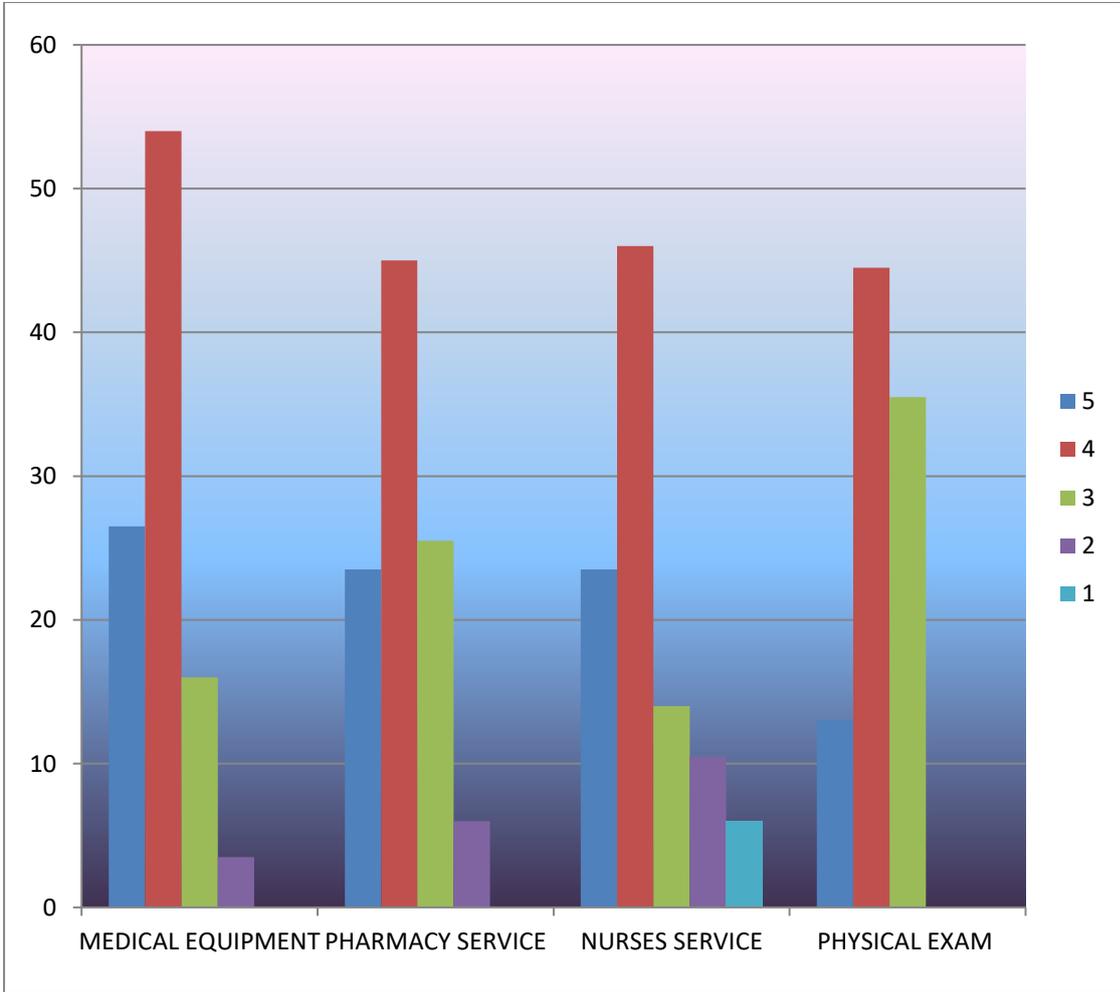


FIGURE 3 – OUT PATIENT SATISFACTION IN LIKERTS SCALE

Experience concerning the IPD services of health care facilities in LCGH

For IPD patients a separate questionnaire was prepared regarding room facilities, food quality and quantity, billing time, pricing for IPD services, Room rent etc.

More than 70% of patients were satisfied with co-ordination between staff and relatives of patients. They said that their queries were cleared by staff with no delay.

60% of patients were satisfied with room rent applicable and facilities provided in room. They were also satisfied with the cleanliness in the room.

60% of the patients complained about the food quantity and quality to be served in hospital & give the score 2 during the questionnaire.

Regarding treatment experience it is found that both in IPD around 80% of patients were agreed that they were provided with good treatment and are satisfied.

Table 5 number and percentage distribution of satisfaction in Inpatient department

variables	N = 50	
	high satisfied number (%)	low satisfied number (%)
Admission procedure	37 (74)	13 (26)
Emergency services	37 (74)	13 (26)
Co-ordination	35 (70)	15 (30)
Room rent	30 (60)	20 (40)
Facility in room	28 (56)	22 (44)
Food quality	20 (40)	30 (60)
Treatment experience	40 (80)	10 (20)
Cleanliness in hospital	30 (60)	20 (40)
Diagnostic & lab facilities	40 (80)	10 (20)
Billing time	10 (20)	40 (80)
Pricing	27 (54)	23 (46)
Over all satisfaction	30 (60)	20 (40)

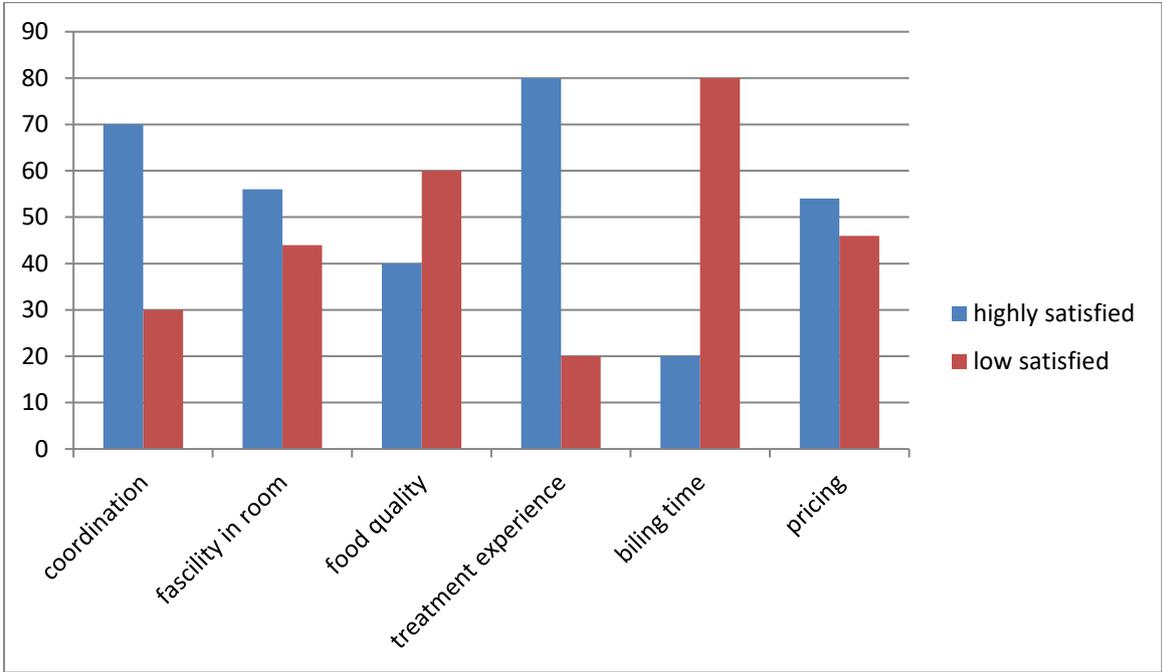


Figure 4 - Level of satisfaction of patient in IPD

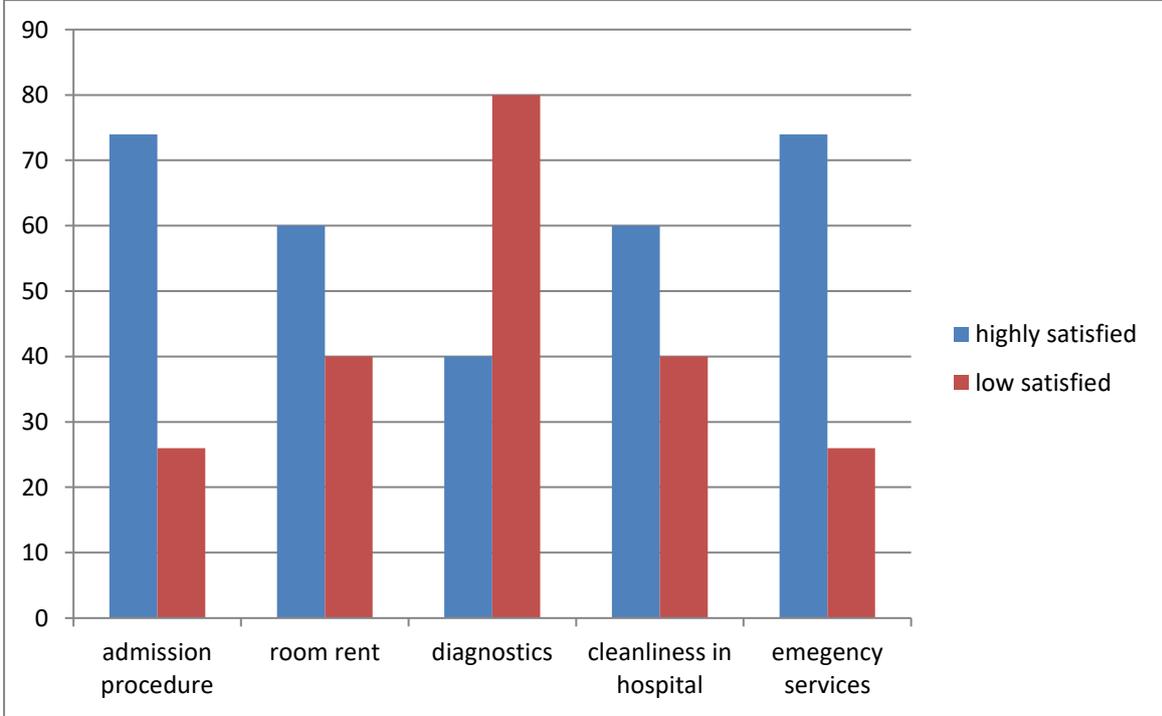


Figure 5 - Level of satisfaction of patient in IPD

Also they were ready to visit LCGH again.

Moreover, 75% of patient relatives were satisfied with emergency services of the hospital.

A high number of disagreements were seen in the pattern of billing time, around 80% were not satisfied with the time taken with billing.

Also most of patient were satisfied with the emergency services, and time taken to transient people

60% of patients were satisfied with room rent applicable and facility provided in room.

They were also satisfied with cleanliness in room and space provided for patient in the room.

OVER ALL SATISFACTION OF OPD & IPD SERVICE DEPARTMENT

While overall satisfaction of the patients regarding OPD & IPD was also found that more than half of the patients were satisfied (55%).

Some of them were ready to visit LCGH again in future.

DISCUSSION

LCGH is a hospital located in Bahadurgarh. The OPD department caters the need of hundreds of patients per day while inpatient bed capacity is 100.

The cross-sectional study was conducted to ascertain the patient satisfaction in OPD & IPD. Total of 200 patients were questioned from April 2013 to July 2013. Respondents were taken from patients who visited OPD & IPD.

In this study questionnaire comprised of questions concerning their experience regarding treatment, convenience, expenses, location of hospital, and other things.

Patient satisfaction was assessed in terms of physical facilities, medical equipments, staff services and lab investigation.

The level of patient satisfaction was measured by using Likert's scale. In the end overall satisfaction was divided into two groups; high satisfied & low satisfied.

Results show that slightly more than half (54%) patients had high satisfaction and 46% had low satisfaction.

Some patients were satisfied with the laboratory test expenses due to their low cost while others were satisfied with doctor consult, some of the patients were satisfied with location of hospital as it is very convenient for them to reach.

It is concluded that no consistent pattern of association of socio-demographic factors and patient satisfaction has been established so far.

Also, waiting time for doctor examination was considered as easy access as compared to other health care facilities like government hospitals. Waiting time for 30 minutes or less was considered easy access. And it was noticed that patients had low satisfaction regarding this. Also, a longer waiting time was there at the registration counter for OPD patients.

Availability of adequate information in OPD was another factor concerning accessibility. Although there was no significant association, there but patients were both high and low satisfied with the information counter.

Also the patient satisfaction depends on location of hospital, patient who live within 5 km of hospital are willing to visit the hospital again and were satisfied with exception of dissatisfaction regarding other things as travelling this less was saving their time and they were able to go to their work soon. While those who lived at a distance of >5 km were less satisfied and they preferred other nearby hospital and clinics for healthcare services.

Also as there was more number of female patients so they tend to travel less as compared to males.

CONCLUSION

The objective of the research was to describe the satisfaction level of the patients. The data was collected from 200 patients were collected from April 2013 to July 2013. All respondents were taken from patients during this time.

It was found that female was attending OPD more than male patients. Most of patients were accommodated with an attendant.

With references to satisfaction it was concluded that more than half(54%) of patients were satisfied. When distribution of percentage of overall satisfaction was analyzed, it could be assessed that low satisfaction was due to poor physical facilities, out of order equipments, and poor pharmacy services.

Also patient were not satisfied with lack of sitting chairs in OPD but they also understood the availability of little space and increase load during peak hours.

With reference to accessibility, it was determined that living distance of patient had significant association with satisfaction. The satisfaction was found inversely proportion to the distance; more than 78% of patients were satisfied with OPD timings

In case of IPD patients a similar pattern was seen as of OPD patient.

Additionally they also take in account for room rent, doctor's visit, food quality, facility in room, co-ordination of nurses.

High no of patients were satisfied with room rent and other expenses. They were also satisfied with doctor's visits. More than half patients were satisfied with nurse's attitude towards the patient and billing time taken to proceed.

While taking in account food quality and cafeteria a high no of patients were not satisfied,

Mainly they were dissatisfied by taste and food is not served hot.

RECOMMENDATION

The study identified some of the areas which can be improved in order to improve the patient care and quality of care.

Low satisfaction was observed due to lack of sufficient number of sitting facilities. The providers may consider appropriate measure to resolve the problem.

Although the patient were relatively much satisfied with the doctor service but they wish doctors could spent more time with them during physical examination.

Pharmacy service was another important area and patient desired that they can get all prescribed medicine at one place. Also they wanted the pharmacist to explain the use of medicine in details so that they don't have to visit the doctor again for confirmation.

Satisfaction as an "overall" showed percentage of more than 50%, but providers should consider ways and means to improve to higher level.

Although hospital may be under staffed and over worked due to recent establishment but still provider has to consider these fact now so as to overcome it in near future.

Recommendations for future research

Subsequent repeat study may be conducted to know the latest satisfaction level. Future studies should include other hospitals of the area in order to get the exact satisfaction level in comparison to the differences in-services delivery imparted by the other hospitals.

Moreover, services of public hospital can also be compared with hospitals working in private sector by using the important indicators of patient satisfaction.

Many findings of this study may be useful for future improvements.

Patient satisfaction assessment should be a regular assignment of all hospitals that should be conducted at least once a year. It will help understanding the problems of patients and improving the quality of care, ultimately earning good name and prestige for the hospital. Another effective way of knowing the level of patient satisfaction may be community based survey. The result will be less biased and will provide wide spread opinion of the community regarding the quality of care and hospital functioning.

STRENGTHS & LIMITATIONS

Strength

Patient satisfaction is an important indicator for analyzing the quality of care in turn, hospital functioning. This research provides detailed information related to the satisfaction and non satisfaction areas of hospital. Managers may utilize this data to understand the weak and string areas related to the hospital functioning and plan the corrective measures.

The systemic sampling in this study will enhance the reliability of the research by involving various patients of different strata. The result, thus achieved will be reliable.

Limitations

This study was done only in the LCGH and was limited to patients only in OPD mainly. Hence, results will show the picture of a peculiar setup that was only related to the LCGH. These results cannot be generalized to apply to other hospitals.

Also this study has to be completed in limited time duration using data provided by hospital. Therefore many important variable and questions were not included. Eg ethnic background could not be included in questionnaire.

Result and output of study depends upon data collection.

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QUESTIONNAIRE

For OPD patient

- WHY YOU CHOOSE LIFE CARE GROUP OF HOSPITAL THIS TIME
 - Consultant surgeon
 - Previous visit
 - Recommendations
 - Advertisement
 - Location
 - Other_____
- FIRST IMPRESSION
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOR UPTO THE MARK
- LOCATION OF HOSPITAL FROM YOUR PLACE
 - <5 km
 - >5 km
- AVAILABILITY OF AMENITIES
 - DISABLE FASCILITIES
 - READING MATERIAL N TV IN WAITING AREA
 - BEHAVIOUR OF STAFF
 - COMFORT
- FRONT OFFICE AREA
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- WAITING TIME IN registration
 - 0-15
 - 15-30
 - >30 min
- Waiting time in OPD
 - 0-30
 - 30-60
 - >60 min
- Time spent for physical exam in OPD
 - 0-10
 - 10-20
 - >20 min
- Level of privacy while consulting doctor
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK
- DOCTORS AVAILIBLY IN OPD
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK
- TREATMENT EXPERIENCE
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- PAHRMACY SERVICES
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- OVERALL EXPERIENCE
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

For IPD patients

- ADMISSION PROCEDURE
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- NURSES BEHAVIOUR
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- TIME TAKEN TO TRANSIT PATIENT

- VERY GOOD
- GOOD
- SATISFACTORY
- POOR
- NOT UP TO THE MARK

- DIAGNOSIS FACILITY

- VERY GOOD
- GOOD
- SATISFACTORY
- POOR
- NOT UP TO THE MARK

- DOCTORS RESPONSE

- VERY GOOD
- GOOD
- SATISFACTORY
- POOR
- NOT UP TO THE MARK

- VISIT OF DOCTOR

- VERY GOOD
- GOOD
- SATISFACTORY
- POOR
- NOT UP TO THE MARK

- CO-ORDINATION
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- FACILITY IN ROOM
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- FOOD QUALITY
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- FOOD QUANTITY
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- CLEANLINESS
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- TREATMENT EXPERIENCE
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- EMERGENCY SERVICES
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- BILLING TIME
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK

- PRICING
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR

- NOT UP TO THE MARK
- LAB INVESTIGATION
 - TIME TAKEN
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK
- PHARMACY SERVICES
 - VERY GOOD
 - GOOD
 - SATISFACTORY
 - POOR
 - NOT UP TO THE MARK