

“Role of Interpersonal, Technical, Administrative and Environmental Quality Dimensions in Patient Satisfaction in Multi specialty Hospital”

A Dissertation Proposal for

Post Graduate Diploma in Health and Hospital Management

by

**Dr. Nishtha Kumar
Roll No. PG/11/063**



International Institute of Health Management Research

**New Delhi -110075
May, 2013**

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**A dissertation submitted in partial fulfillment of the requirements
for the award of**

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Certificate of Internship Completion



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WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Nishtha Kumar has worked as Management Trainee in our organization from 01 February 2013 to 30 Apr 2013.

During her tenure with us she was found to be sincere, hardworking and responsible towards her work.

A handwritten signature in blue ink, appearing to read "K. Garg", is written over a faint, illegible stamp.

Dr. Kapil Garg
Zonal Director

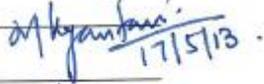
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Certificate of Approval

Certificate of Approval

The following dissertation titled "**Role of interpersonal, Technical, Administrative, environmental-Quality dimensions in patient satisfaction in multi-speciality 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

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Certificate from Dissertation Advisory Committee

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Nishtha Kumar**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled "**Role of interpersonal, Technical, Administrative, environmental-Quality dimensions in patient satisfaction in multi-speciality 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.

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Area of Training: Operations

Attendance: 100%

Objective met: Project on patient Satisfaction Survey.

Deliverables: Proper follow up protocol, Collection of data, Analysis & Recommendations

Strengths: Sincere, Hardworking & Proactive behaviour

Suggestions for improvement: Be slightly more punctual



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Abstract

A cross-sectional study was conducted on patient satisfaction with health services at the inpatient department of PARAS Hospital, Gurgaon, with the aim determining the relationship between satisfaction and explanatory factors. Suggestions and comments from the patients were also revealed in this study.

Using a structured questionnaire, data were derived from 100 patients using the IPD services. Descriptive statistics were used to describe satisfaction level and independent variables while the relationships between these factors were determined.

The results showed that the overall satisfaction was 88.5%. The patients were most satisfied with environmental factors including the ambience of room and comfort (98.3%) while least satisfied with complaint handling procedure (40%). Item wise, the satisfaction was poor in the case of nurses response to call bell (69%), time had to wait for bed after leaving admission desk (76%) and Experience of discharge process (67%).

Based on the results of the study, an improvement in the nurse's service, discharge process handling and complaint handling area is suggested. The ways and means may also be considered to reduce the total IPD waiting time for the patient at the time of admission and bed allotment.

Acknowledgements

Hard work, guidance and perseverance are the pre requisite for achieving success. Support from an enlightening source helps us to tread on the path to it. I wish to thank first of all the almighty that provided me energy for the successful completion of final dissertation.

I would like to express my sincere gratitude to my mentor Ms. Minakshi Gautam, Assistant Professor for giving me an opportunity to work under her supervision. It is her foresight and innovative thinking which has motivated me to take up this challenge to complete this project.

She has continuously held discussions and provided guidance on the subject matter which has helped me to understand the scope and requirements better. The support rendered by her in overcoming numerous obstacles needs special mention.

I wish to extend my thanks to Dr. Ranvir Singh for providing assistance for successful completion of my study.

Dr. Nishtha Kumar

May 2013

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Abbreviations

SD	Standard Deviation
BOR	Bed Occupancy Rate
IPD	In-patient Department
ICU	Intensive Care Unit
NICU	Neonatal Intensive Care Unit
TQM	Total Quality Management
SOP	Standard Operating Procedure
TPA	Third party Administrator
RMO	Resident Medical Officer

CHAPTER-1

INTRODUCTION

A patient is the main user of a hospital. He is a person in distress. He expects from the hospital: Comfort Care, and Cure. The primary function of a hospital is patient care. The patient is the ultimate consumer to the hospital. It is one of the yardsticks to measure the success of service that it produces. The effectiveness of the hospital relates to provision of good patient care as intended. As the hospital serves all the members of the society the expectations of the users differ from one individual to another individual because everyone carries a particular set of thoughts, feelings and needs. Though it is difficult, one can get it by using some tips such as **listening to the patients, asking questions and seeking answers**, by doing something extra for each patient and by admitting mistakes gracefully and so on.

1.1 ORGANIZATION PROFILE

PARAS Hospitals, Gurgaon is the state-of-the art multi super specialty; the first & only NABL & NABH accredited hospital in Haryana providing a depth of expertise in the complete spectrum of advanced medical and surgical interventions and Outpatient services. The hospital is dedicated to provide competitive, accessible and affordable world class healthcare services.

It is a 250 bedded hospital, designed by Mr. Henning Lensch of RRP Architects, Munich, Germany. Seven storey, centrally Air-conditioned in a premises of 3 Acre and having 2, 50,000 sq.ft. build up area. The hospital commenced in the beginning of 2005. In the first phase, 130 beds were commissioned in July 2006. Another 50 beds became operational in October 2007 thus making it a 250-bed hospital. Paras Hospitals started with focus on neurosciences, joint replacement and mother and child care. The department of renal sciences was started in November 2006 with six dialysis machines, uro-flowmetry etc. Interventional Cardiology and oncology with radiotherapy started in early 2008. There are 55 speciality departments including internal medicine, minimal invasive surgery, dermatology and cosmetic surgery and plastic surgery, apart from the super specialties. The first surgery-neuro surgery was done in July 2006. "A Paras hospital was the first corporate hospital in Gurgaon with complete facilities under one roof," The hospital started with cardiac centre with state-of-the-art cath lab in March 2008.

The USP of the hospital is 'Quality Healthcare at affordable prices'. The tagline of the hospital 'Partners in Health' is followed in word and spirit in every activity undertaken by the hospital. "It has one of the leading neurosciences centre in the region with all the facilities under one roof. The hospital is a partner in health for every stakeholder in the healthcare industry —patients, doctors, health insurance companies, Government, industry and the society at large."

The hospital is fully geared up to tap the medical tourism segment of healthcare. The hospital has a separate medical tourism patient department, which provides end-to-end solutions for both national and international patients, which includes pick-up and drop to the airport or railway station, currency conversion, visa assistance, providing package prices, local accommodation and more. We are getting quite a number of patients from foreign countries. They are especially from Middle East, South East Asian countries and African nations.

1.2 RATIONALE OF THE STUDY

We are living in world of information and technology. Patients are well aware of their needs and rights. They are educated and well informed. They know health facilities are established to provide satisfactory and quality health service to the patients. If the hospitals fail to do so, they are considered unsuccessful in performing assigned duty. Hospital performance can be best assessed by measuring patient's satisfaction level. A completely satisfied patient believes that the organization has potential in understanding patient's personal needs, and demands related to health care.

An analysis of patient satisfaction survey is an essential requirement for success of any hospital as it is a measure which gives an insight on the improvement areas required to meet the patient's expectations. The purpose of **patient satisfaction analysis** is to determine whether there is a gap between the patient's expectations and the present level of performance. Gaps can include discrepancies/differences between:

- What the organization expects to happen and what actually happens.
- Current and desired patient services.
- How can the Patients satisfaction level be further improved to achieve high satisfaction rate.

CHAPTER - 2

LITERATURE REVIEW

This section is a brief review of the literature on patient satisfaction analysis as following:-

2.1 Concept of Patient Satisfaction

Patient Satisfaction is a multidimensional concept; not yet tightly defined; and part of an apparently yet to be determined complex model.

Patient satisfaction is a person's feeling of pleasure or disappointment resulting for comparing a service's perceived performance or outcome in relation to his or her expectations. As this definition makes clear, satisfaction is a function of perceived performance and expectations. If the performance falls short of expectations, the customer is dissatisfied. If the performance matches the expectations, the customer is satisfied. If the performance exceeds expectations, the customer is highly satisfied or delighted. Patients' expectations may be shaped by many different variables, such as socio-demographic and socio-economic factors, past experience, needs, and word-of-mouth influence.

Patient satisfaction is of paramount importance for medical service providers, not only because it is a quality indicator but also because of increased competition in the profession. Potential users of medical services are more likely to rely on personal communications with their relatives and friends to find out more about medical services. Past experience and word of mouth are a major source of information. Continuous quality improvement programmes improve patient satisfaction and enable medical providers to succeed in an increasingly competitive environment.

Achieving high levels of patient satisfaction can lead to loyalty and generate referrals that enhance long-term success.

(Oliver, 1993) said that **word satisfaction is from Latin; satis=enough and faction= to do or make**
Hence satisfaction is a fulfillment response

Satisfaction is an important element in the evaluation stage. It refers to the consumers' state of being adequately rewarded. Adequacy of satisfaction is a result of matching the actual past experience with the expected reward. Patients form certain expectations prior to the visit. Once patients come to the

hospital and experience the facilities, they may then become either satisfied or dissatisfied. Satisfaction or dissatisfaction refers to emotional response to the evaluation of service, consumption, experience. It will have five key elements (Talluru Sreenivas, 2003).They are:

1. **Expectations:** The seeds of patient satisfaction are sowed during the pre-purchase phase when patient develop expectations or beliefs about what they expect to receive from the hospital. These expectations are carried forward and again activated at the time of reusing.
2. **Performance:** During the usage of services the patients experience the actual product in use and perceive its performance on the dimensions that are important to us.
3. **Comparison:** It will be done after usage with pre-usage expectations.
4. **Confirmation/Disconfirmation:** Comparison of expectations with actual performance results in satisfaction or dissatisfaction.
5. **Discrepancy:** If the performance levels are not equal, discrepancy results.

2.2 **Benefits of patient satisfaction**

Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key indicator, gaining and maintaining market share. Satisfaction surveys are the main sources of feedback from patients about the health care services and as such they inform purchasing decisions, stimulate proposals to restructure service delivery and can be used to evaluate the effects of policy change.

Patient satisfaction is important to the process of health care for a number of reasons. Patients who are dissatisfied with their health care change health care providers or "doctor shop" more frequently (Al-Assaf, 1993),

- (a) more frequently disenrollment from prepaid health plans,
- (b) adhere less well to medical regimens prescribed by their doctors,
- (c) And willingness to seek malpractice litigation.

According to the (Fitzpatrick 1990), satisfied patients are more likely to follow planned care and make better use of health services. Therefore patient satisfaction was seen, as a substitute indicator justifying and validating health care initiatives.

Patient satisfaction surveys provide information that can inform policy and service development. Repeat surveys enable policy makers to assess the effectiveness of policies and programs and whether these are adapting to changing patient needs. At the hospital level, focused internal feedback or benchmarking with similar hospitals can prompt action to improve services.

2.3 Summary of the theories of patient satisfaction in healthcare

The major patient satisfaction theories were published in the 1980s with more recent theories being largely “restatements” of those theories (Hawthorne, 2006).

- (a) **Discrepancy and transgression theories of Fox and Storms (1981)**--- patients’ healthcare orientations differed and provider conditions of care differed, that if orientations and conditions were congruent then patients were satisfied, if not, then they were dissatisfied.
- (b) **Expectancy-value theory of Linder-Pelz (1982)**- satisfaction was mediated by personal beliefs and values about care as well as prior expectations about care.
- (c) **Determinants and components theory of Ware et al. (1983)**- patient satisfaction was a function of patients’ subjective responses to experienced care mediated by their personal preferences and expectations.
- (d) **Multiple models theory of Fitzpatrick and Hopkins (1983)**- expectations were socially mediated, reflecting the health goals of the patient and the extent to which illness and healthcare violated the patient’s personal sense of self.

- (e) **Healthcare quality theory of Donabedian (1980)**- satisfaction was the principal outcome of the interpersonal process of care. He argued that the expression of satisfaction or dissatisfaction is the patient’s judgement on the quality of care in all its aspects, but particularly in relation to the interpersonal component of care.

2.4 Application of patient satisfaction in Healthcare

What is agreed is that satisfaction has become an endpoint in outcomes research and the benchmarking of services. Patient satisfaction has come to be seen as a part of health outcome quality which also encompasses the clinical results, economic measures and health related quality of life

Health care providers should develop a vision of patient satisfaction as something more than simply measuring patient's exposure to stimuli, value judgments, and reactions. Instead, patient satisfaction can be viewed, and ultimately be used as an effective tool for organizational development, strategic planning, and total quality management that touches all hierarchical levels, functions, and subsystems in the organization. Hence, **patient satisfaction data could be used to** (Talluru Sreenivas, 2003).

- (a) be accountable for their own high quality job performance and not solely to document poor performance;
- (b) help staff identify ways to improve their performance;
- (c) help staff identify what they are doing well and reward them for it;
- (d) help improve the quality of care rendered - not to simply clean up the messes so that minimally acceptable standards of performance can continue.

2.5 Quality and Patient Satisfactory

Patient satisfaction has emerged as an important component of the quality of medical care in the last decade, and becomes the central focus of health care delivery. This new emphasis on quality of care and outcome measurement has led to an increased appreciation of the significance of patients' perception of care. Today, patient satisfaction is a focal concern of quality assurance and an expected outcome of care. The discovery of the Patient in the health care service occurred for four important reasons (Berkowitz, 1997):

- (a) An increase in competition between health care institutions and long term care.
- (b) an increase in public interest for commitments from providers and the government on health care performance
- (c) a growing Patientism assert for autonomy and quality care;
- (d) An increase in popularity of Total Quality Management (TQM), which emphasizes the importance of the customer in achieving quality.

Patient satisfaction is often considered synonymous with service quality, but there are important differences between the two constructs. The most important difference is that quality dimensions are necessarily service-specific, while satisfaction assessments are not. Quality assessments must relate to the nature of service evaluated. Satisfaction assessments can result from any dimensions of a service

considered important to Patients, quality related or not. This difference suggests that **satisfaction is a broader concept**, as quality is one of the service dimensions considered by Patients in making satisfaction judgments. Another important difference between satisfaction and quality is that quality judgments can be formed without experience, but satisfaction assessments are necessarily based on actual experience. One couldn't properly say one is satisfied or dissatisfied with a product or service without using or directly experiencing the product or service.

2.6 Service Dimensions of Patient Satisfaction

Satisfaction with care is a product of the amount of information received by the patient. Satisfaction must be understood within a context in which a variety of service dimensions or constructs may affect The patient's experience. **Linder-Pelz** has identified 10 constructs that can be often used to determine level of satisfaction (Linder-Pelz, 1982).

1. Accessibility / convenience.
2. Availability of resources.
3. Continuity of care.
4. Efficacy / outcomes of care
5. Financial considerations
6. Humaneness
7. Information gathering
8. Information providing.
9. Pleasantness of surroundings
10. Quality / competence.

2.7 Factors Influencing Patient Satisfaction

Every human being carries a particular set of thoughts, feelings and needs. The wishing list might be of value for those who want to know the real person within the patient. One must admit that there are a lot of things which could be altered. By getting to know the patients a little more to get their views on the care one ought to come closer to what the patients consider as a good care.

It can be said that there are five determinants of patient satisfaction; they are (Talluru Sreenivas, 2003)

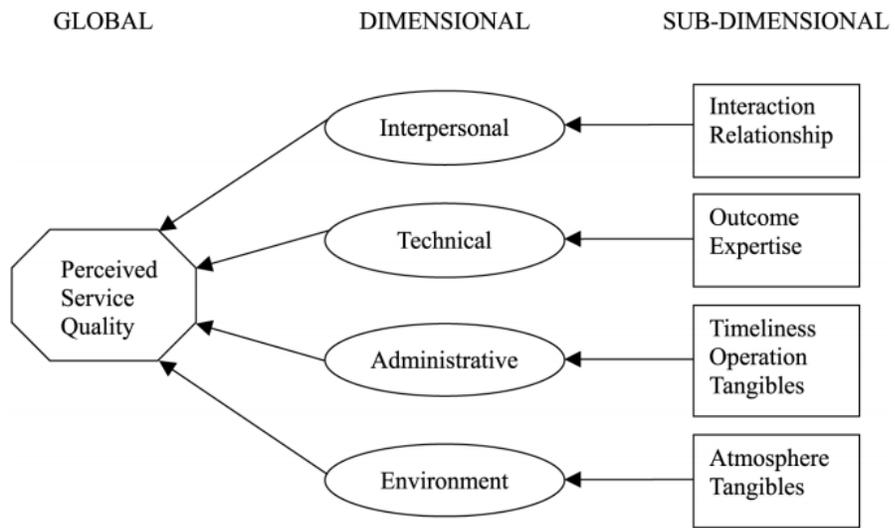
- (a) **Reliability:** the ability to perform promised service dependably and accurately.
- (b) **Responsiveness:** the willingness to help the patients and provide prompt service.
- (c) **Assurance:** The knowledge and courtesy of employees and their ability to convey trust and confidence.
- (d) **Empathy:** the provision of caring and individualized attention to patients.
- (e) **Tangibles:** the appearance of physical facilities, equipment, personal and communication materials.

Apart from the above, other factors that influences the patient satisfaction include availability of adequate staff, availability of physical facilities and equipment, design of the ward, cleanliness, environment, availability of clinical services, work load of the staff, behaviour of the doctors, nursing staff, paramedical staff, effectiveness of management functions, the leadership styles of administrators, communication channels, policies and procedures etc.

2.8 Perceived healthcare service quality

Importantly, effective healthcare relies significantly on the co-contribution of the patient to the service delivery process. Studies have also evidenced that compliance with medical advice and treatment regimes is directly related to the perceived quality of the service and the subsequent resulting health outcome.

(Dagger, 2007) have proposed service quality as a multidimensional, higher order construct, with four overarching dimensions (interpersonal quality, technical quality, environment quality and administrative quality) and nine sub-dimensions. They suggest that consumers access service quality at a global level, a dimensional level and at a sub-dimensional level, with each level influencing perceptions at the level above (Figure 1).



Source: Dagger *et al.* (2007)

Figure 1 : Multi-dimensional hierarchical Daggers model of perceived quality

CHAPTER -3
OBJECTIVES OF THE STUDY

3.1 **General Objective-**

- To determine the level of satisfaction among the IPD patients with major – Interpersonal, Technical, Administrative and Environmental aspects of service delivery.

3.2 **Specific Objectives-** Is the purpose of the needs assessment to-

- To identify the factors which **influence the Patient Satisfaction**
- To determine the level of satisfaction related to **overall quality of care.**
- To suggest how can the **patients’s satisfaction level be improved.**

CHAPTER -4

METHODOLOGY

4.1 Brief on Measuring Patient Satisfaction (TOOLS)

Patient satisfaction survey can be inexpensive and understandable to the lay people. The common methodology includes **personal interviews, focus group study, telephone interview and mail-out surveys** which cover the use of **questionnaires**. . As always, the intent is to obtain the perspective of the population being studied. Patient satisfaction survey is a **collective assessment of patient expectations**. It is also a way to monitor their satisfaction, behavioral intentions, and practice problems and trends. Measures of patient satisfaction can be collected in a wide variety of settings. While focusing on the process of measuring customer satisfaction, the objectives may vary with the situation, but ultimately the intention is to generate quantifiable data from an appropriate sample of patient population. The data should be able to examine various dimensions of service offered by the healthcare organization.

Table 1: Design Methodology

Study design	Cross- sectional and analytical study
Study area	IPD ward of PARAS hospital
Study population	IPD ward patients getting discharged from PARAS hospital
Sampling method	Convenience sampling method
Sampling size	100
Tool	a) Questionnaire
Technique	a) Open and close ended questions b) In depth Interview

4.2 **Tool for Current Study**

(a) **Research Design**

A **cross sectional descriptive study** has been conducted in **PARAS hospital**, Gurgaon to determine patient satisfaction towards the inpatients services.

(b) **Study Population**

The study population consist of patients who got services at the general IPD section in PARAS Hospital, Gurgaon.

(c) **Data collection Tool**

The survey measuring tool is in the form of a **questionnaire**. It has been developed based on the current literature review where in various dimensions have been identified for designing it exhaustively. Various identified dimensions include.

- **Socio-demographic information**
- **Interpersonal information**
- **Technical characteristic features**
- **Administrative characteristics**
- **Physical environment**
- **Overall satisfaction rate**

Most of the questions in the questionnaire consisted of closed ended questions. The questions are divided into sections according to requirement of research.

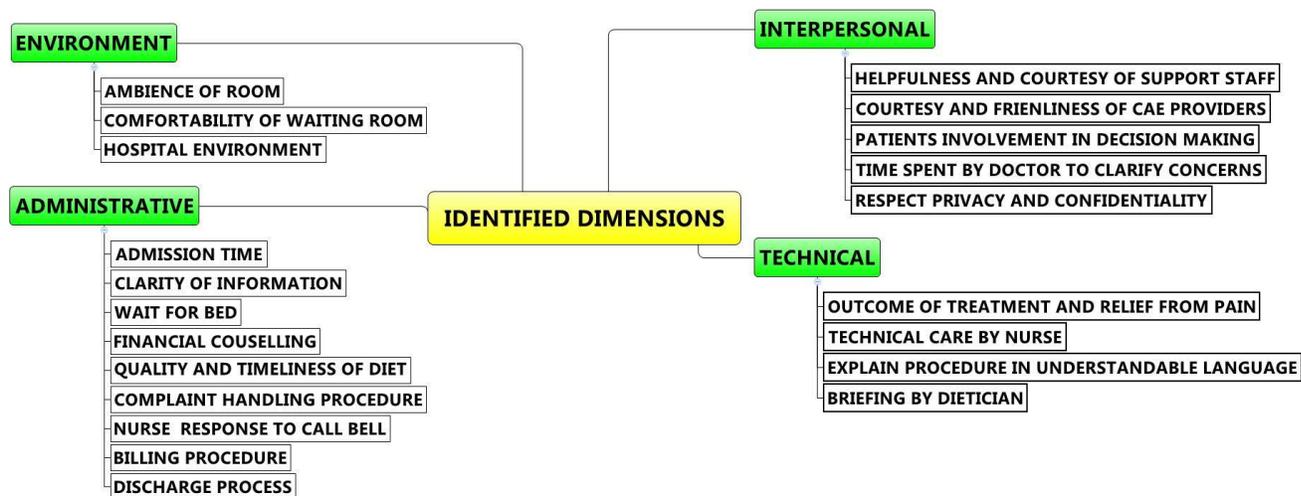


Figure 2: Proposed multi-dimensional model

Part-A: Respondent's socio-demographic characteristics included Age, Sex, Marital status, Education, Occupation, Family income. The numbers of questions were six

Sex. Gender of respondent into male and female was coded as follow,

1= Male

2= Female

1. Age. Only respondent having age more than 18 years were selected. Age had four groups with interval of ten years in between them. It was coded as below,

1 = 18-30 yrs

2 = 31-45 yrs

3 = 46-65 yrs.

4 = Above 65 yrs

2. Occupation. The major source of income was categorized and coded as below,

1 = Dependent

2 = Self employee

3 = Service

3.Education. Education had following groups and coding,

- 1 = None
- 2 = Matriculation
- 3 = Senior Secondary
- 4=Graduate
- 5= Post graduate and above

4. Family income. Based on mean and standard deviation, it was divided in following groups,

- 1= upto Rs 10,000
- 2= Rs 10,001 – Rs 50,000
- 3= Rs 50,001 – Rs 1,00,000
- 4= Above Rs 1,00,000

5.Reason choose to avail services at this hospital

- 1= Availed services here in the past for yourself.
- 2= Referred by doctor outside hospital.
- 3= Referred by friend or relative how availed services here.
- 4= Self referred

6.Marital Status. It was grouped and coded as follow,

- 1 =Single
- 2 = Married

Part-B: Satisfaction related to the interpersonal factors, technical, environmental, medical care services including physical facilities, medical equipments, medical staff services and expenses for laboratory tests have been covered in this part. The total number of questions was 23. Likert five points rating scaling was used for measuring satisfaction.

The rating was done as follow:

- 5 = Excellent
- 4= Very Good
- 3 =Good
- 2 =Fair
- 1 = Poor

CHAPTER -5

DATA ANALYSIS AND STUDY FINDINGS

This descriptive study was conducted to ascertain the patient satisfaction in inpatient department of PARAS hospital. Total 100 patients were provided questionnaire at the time of discharge. The results are hereby presented in descriptive and tabular forms. **Top Box approach** has been used to find the percentage of satisfaction in which characteristics with the **Excellent, Very good and good** have been considered areas where patient is satisfied; however rating of **fair and poor** is considered unsatisfied which will be the focus area where in improvement can be done by the hospital. These results are presented in following parts.

1. Socio demographic characteristics
2. Interpersonal characteristics
3. Technical characteristics
4. Environmental factors
5. Overall rating of hospital

5.1 Socio-demographic characteristics of the respondents

It had been seen in studies that utilization of medical services is not only personal matter but the decision is taken within the family or with the assistance of friends. The use of medical services by people is the end result of the social group they live in. Brief summary of demographic analysis has been covered in Table 2.

Table 2:Socio-demographic characteristics of patients availing IPD services :

<u>S.NO</u>	<u>CHARACTERSTICS</u>	<u>Patients % age</u>
1	Age group patient belongs	
	a. 18– 30 years.	22%
	b. 31- 45 years.	37%
	c. 46- 65 years	27%
	d. Above 65 years.	14%
2	Educational Qualification	
	a. None	8%
	b. Matriculation	7%
	c. Senior Secondary	17%
	d. Graduate	44%
	e. Post Graduate and above	24%
3	Occupation	
	a. Dependent	35%
	b. Self employee	25%
	c. Service	40%
4	Family Income (monthly)	
	a. upto Rs 10,000	35%
	b. Rs 10,001 – Rs 50,000	17%
	c. Rs 50,001 – Rs 1,00,000	28%
	d. Above Rs 1,00,00	20%
5	Reason choose to avail services at this hospital	
	a. Availed services here in the past for yourself.	37%
	b. Referred by doctor outside hospital.	14%
	c. Referred by friend or relative how availed services here.	30%
	d. Self referred.	19%
6	Marital status	
	a. Single	30%
	b. Married	70%



Figure 3: Satisfaction rate with respect to Age Profile of Patients.

The above graph represents that patients in the age group of 18 -30 yrs are highly satisfied with satisfaction rate of 95.5%, whereas patients in the age group of above 65 yrs are least satisfied with satisfaction rate of 85.7%.

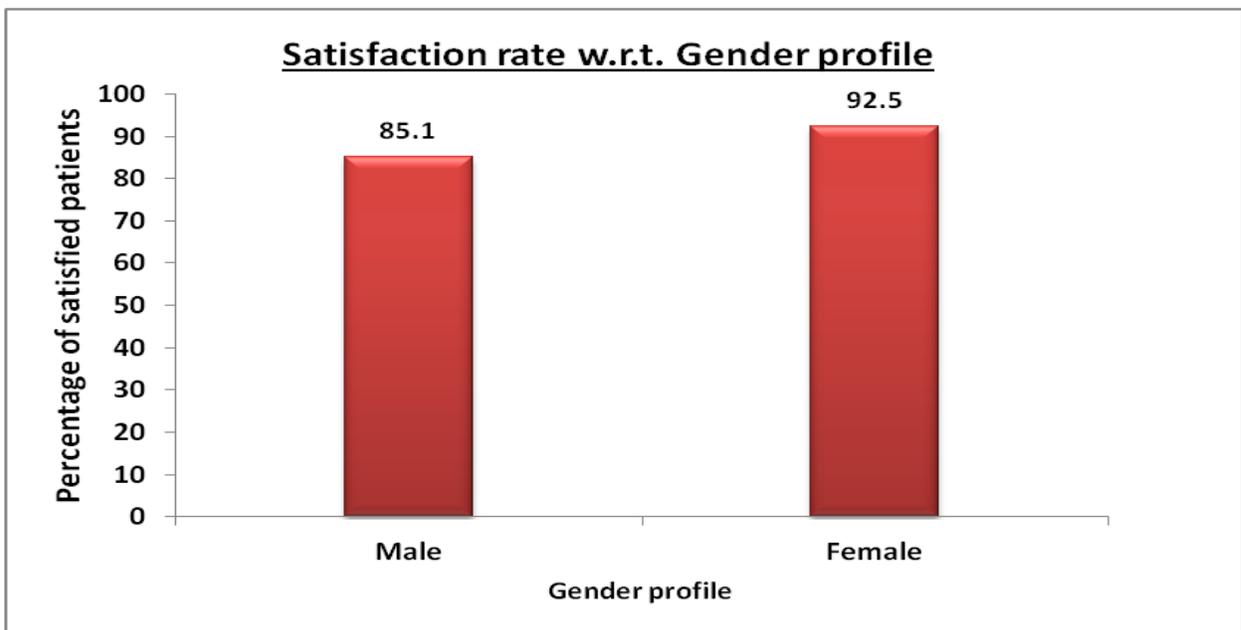


Figure 4: Satisfaction rate with respect to Gender Profile of Patients.

The above graph represents that Female patients are highly satisfied with satisfaction rate of 92.5%, whereas Male patients are less satisfied with satisfaction rate of 85.1%.

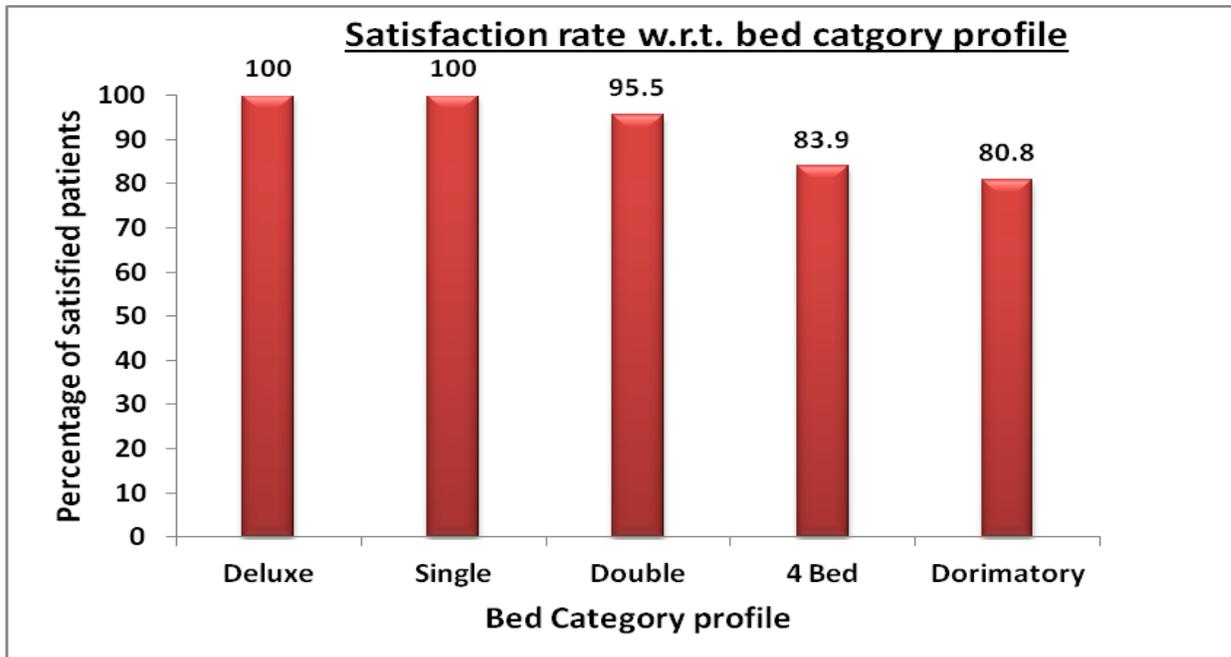


Figure 5: Satisfaction rate with respect to Bed Category of Patients.

The above graph represents that Patients in Deluxe and Single rooms are highly satisfied with satisfaction rate of 100%, followed by double category room patients with satisfaction of 95.5% and then four bedded patients with 83.9% and least satisfied are Dormitory patients with satisfaction rate of 80.8%.

5.2 Experience concerning the Interpersonal services

Table 3: Interpersonal Characteristics

S.NO	ITEM	%age results				
		Excellent	V Good	Good	Fair	Poor
7	Helpfulness, Courtesy and concern of support staff (Admission staff, housekeeping staff) for your comfort and feelings	13%	46%	24%	17%	
8	Courtesy and friendliness of care providers (nurses ,doctors ,paramedics)	26%	34%	36%	4%	
9	Your involvement in decision making for your treatment by the doctor?	4%	59%	33%	4%	
10	Experience related to spending sufficient time by doctor during the rounds to clarify all your concerns?	2%	45%	38%	7%	8%
11	Respect for your Privacy and confidentiality of your information maintained	28%	56%	16%		

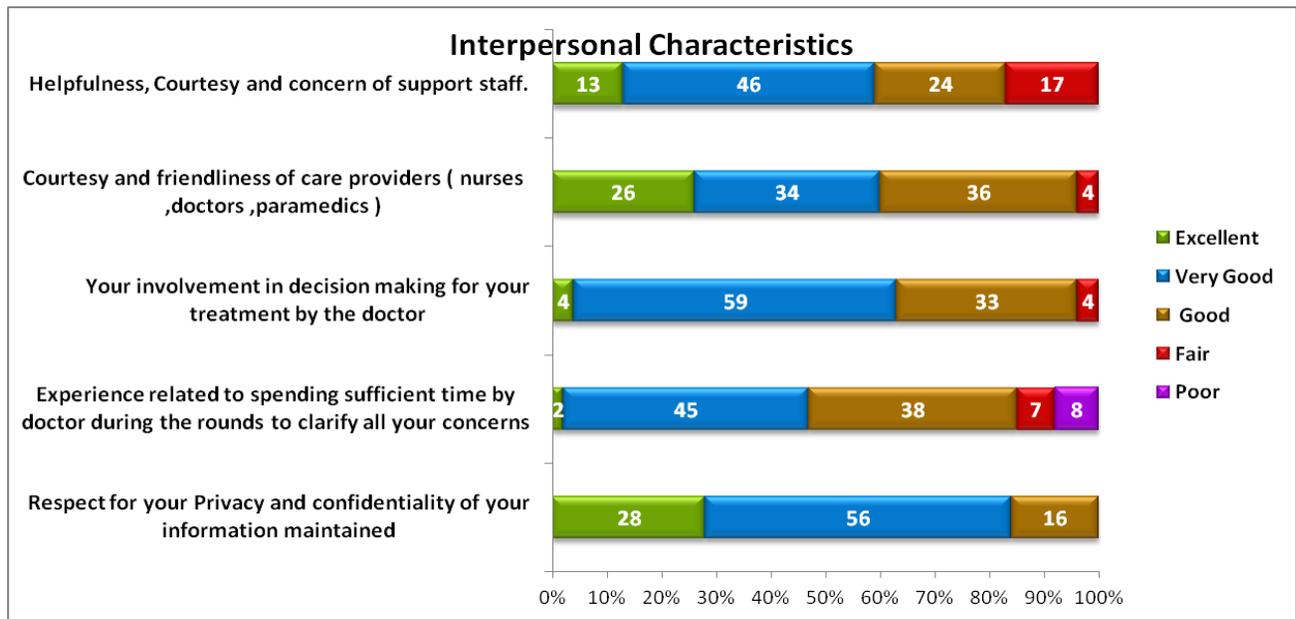


Figure 6: Satisfaction rate with respect to Interpersonal Characteristics based on Likert scale

The above graph represents that 59% of the patients rated Very good with regard to their involvement in decision making for the treatment by the doctor, followed by 56% of the patients rated Very good with regard to their privacy and confidentiality of information maintained. However 8% of the patients rated Poor with their experience related to spending sufficient time by doctor during the rounds to clarify their concerns.

Table 4: SATISFACTION RATE: Interpersonal Characteristics

S.NO	ITEM	Excellent to Good % Satisfaction	Poor to Fair % Unsatisfied
7	Helpfulness, Courtesy and concern of support staff (Admission staff, housekeeping staff) for your comfort and feelings	83%	17%
8	Courtesy and friendliness of care providers (nurses ,doctors ,paramedics)	96%	4%
9	Your involvement in decision making for your treatment by the doctor?	96%	4%
10	Experience related to spending sufficient time by doctor during the rounds to clarify all your concerns?	85%	15%
11	Respect for your Privacy and confidentiality of your information maintained	100%	

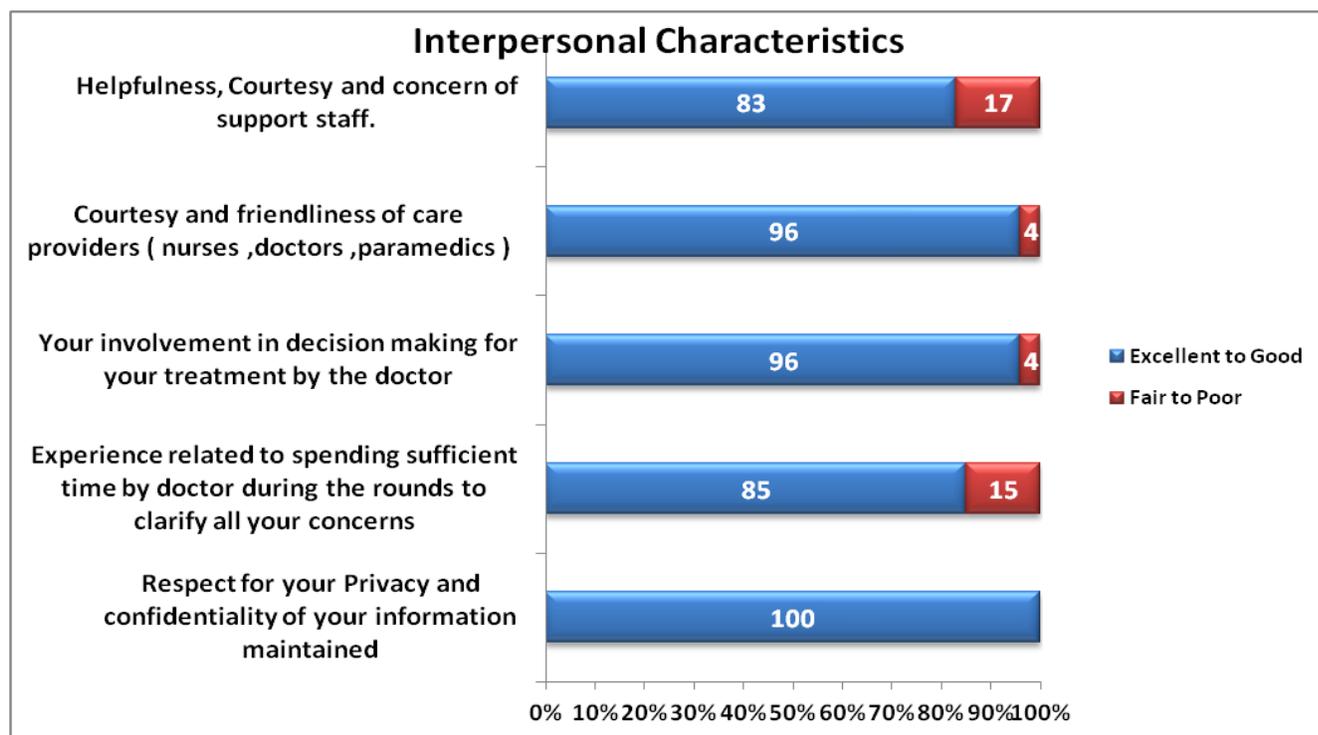


Figure 7: Satisfaction level of Interpersonal Characteristics

The above graph gives the graphical summary of all interpersonal characteristics suggestion that highest satisfaction rate exists for privacy maintained by hospital and doctors need to spend more time with patients to listen to their problem.

5.3 Experience concerning the technical services

Table 5: Technical Characteristics

S.NO	ITEM	%age results				
		Excellent	V Good	Good	Fair	Poor
12	Outcome of treatment and relief from pain	8%	72%	16%	4%	
13	Experience related to technical care provided by the nurse. (wrong medication /multiple pricks/ sample not taken in time/ preparation before procedure)	13%	44%	34%	9%	
14	Experience regarding explanation of entire procedure and treatment to you in understandable language by the doctor?	26%	27%	39%	8%	
15	Briefing about diet plan during Dietician's visit	17%	38%	32%	13%	

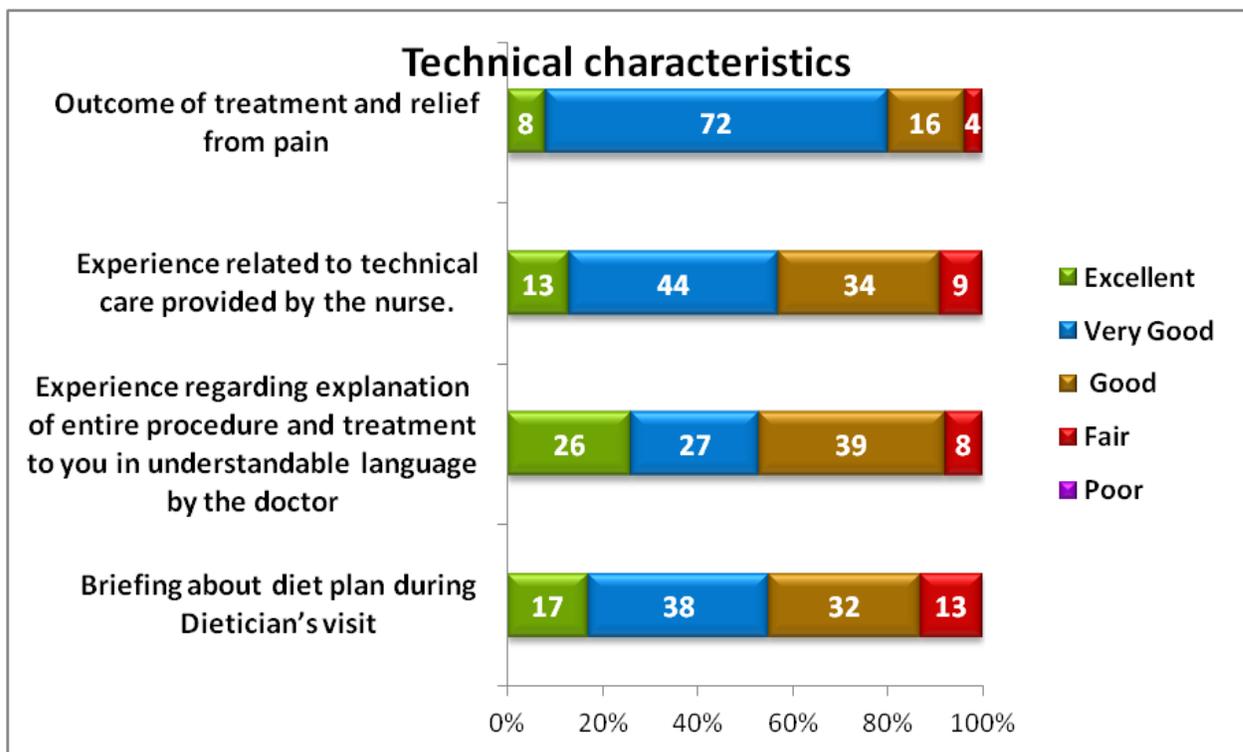


Figure 8: Satisfaction rate with respect to Technical Characteristics based on Likert scale

The above graph represents that 72% of the patients rated Very good with regard to their outcome of treatment and relief from pain , followed by 57% of the patients rated Excellent to Very good with regard to their experience related technical care provided by the nurse . However 13% of the patients rated Poor with the briefing about diet plan during Dietician's visit.

Table 6: SATISFACTION RATE: Technical Characteristics

S.NO	ITEM	Excellent to Good % Satisfaction	Poor to Fair % Unsatisfied
12	Outcome of treatment and relief from pain	96%	4%
13	Experience related to technical care provided by the nurse. (wrong medication /multiple pricks/ sample not taken in time/ preparation before procedure)	91%	9%
14	Experience regarding explanation of entire procedure and treatment to you in understandable language by the doctor?	92%	8%
15	Briefing about diet plan during Dietician’s visit	87%	13%

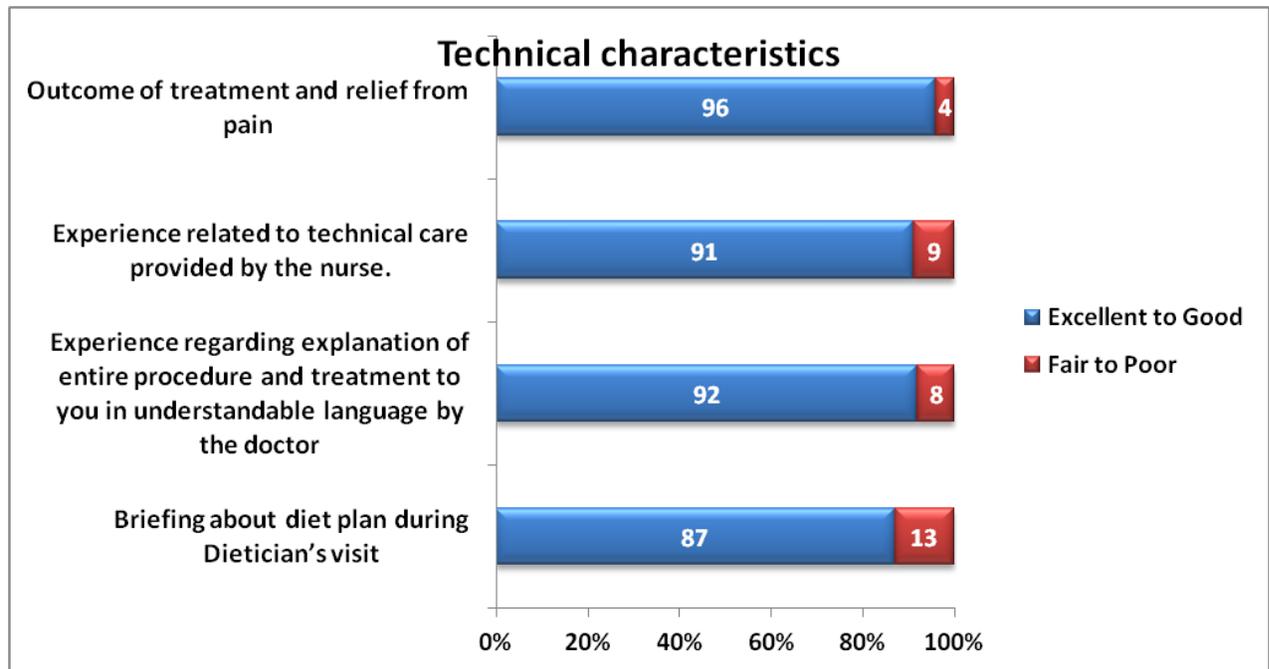


Figure 9: Satisfaction level of Technical Characteristics

The above graph gives the graphical summary of all technical characteristics suggestion that highest satisfaction rate exists for relief from pain and outcome of treatment, followed by their experience related to technical care provided by the nurse staff. It also suggests that dietician visit should be improved upon.

5.4 Experience concerning the Administrative services

Table 7: Administrative Characteristics

S.NO	ITEM	%age results				
		Excellent	V Good	Good	Fair	Poor
16	How long did admission take (point of contact at admission desk till leaving the desk)	2%	63%	15%	20%	
17	Clarity of information received about your stay (Visiting hrs , payment modes , price charges)	26%	26%	37%	11%	
18	The time you had to wait for a bed after you left the admission desk	2%	61%	13%	24%	
19	Financial counseling provided by hospital at the time of admission	28%	44%	23%	5%	
20	Quality and timeliness of diet provided.	17%	31%	40%	12%	
21	Were you explained about the procedure for communicating your complaints during your stay	Yes 40%		No 60%		
22	How much time nurse take to respond to the call bell?	0%	53%	16%	31%	
23	How would you rate your experience regarding Billing procedure	0%	54%	36%	10%	
24	How would you rate your overall experience of discharge process	0%	35%	32%	33%	

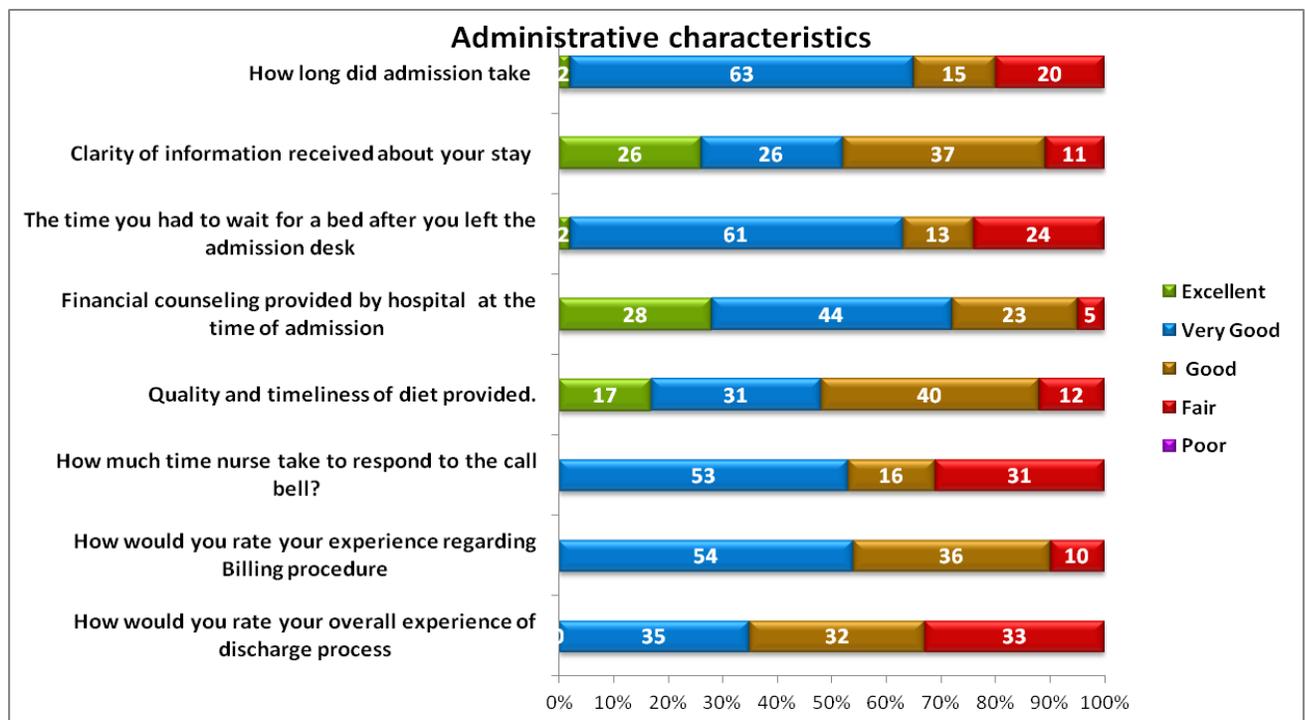


Figure 10: Satisfaction rate with respect to Administrative Characteristics based on Likert scale

The above graph represents that 52% of the patients rated Excellent to Very good with regard to the clarity of information provided about stay, followed by 72% of the patients rated Excellent to Very good with regard to the financial counselling provided by the hospital at the time of admission. However 33% of the patients rated Poor with their overall experience of discharge experience, followed by 31% of patients rated Poor to the time taken by the nurse to respond to call bell.

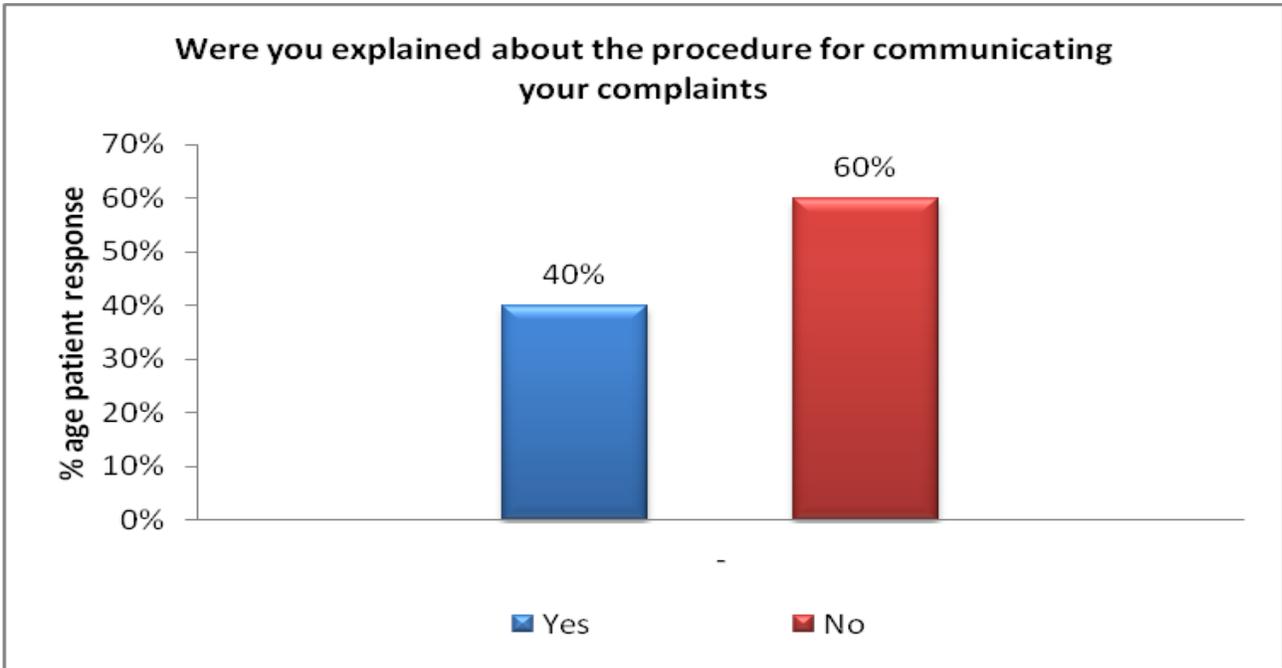


Figure 11: Rating of procedure for communicating your complaints

The above graph suggests that 60% patients are not satisfied with the procedure for complaint handling. It is a major concern for hospital administrators. Reasons have been identified for such a rating and adequate measures have been recommended in our study.

Table 8 : SATISFACTION RATE: Administrative Characteristics

<u>S.NO</u>	<u>ITEM</u>	Excellent to Good % Satisfaction	Poor to Fair % Unsatisfied
16	How long did admission take (point of contact at admission desk till leaving the desk)	80%	20%
17	Clarity of information received about your stay (Visiting hrs , payment modes , price charges)	89%	11%
18	The time you had to wait for a bed after you left the admission desk	76%	24%
19	Financial counseling provided by hospital at the time of admission	95%	5%
20	Quality and timeliness of diet provided.	88%	12%
21	Were you explained about the procedure for communicating your complaints during your stay	Yes – 40%	No-60%
22	How much time nurse take to respond to the call bell?	69%	31%
23	How would you rate your experience regarding Billing procedure	90%	10%
24	How would you rate your overall experience of discharge process	67%	33%

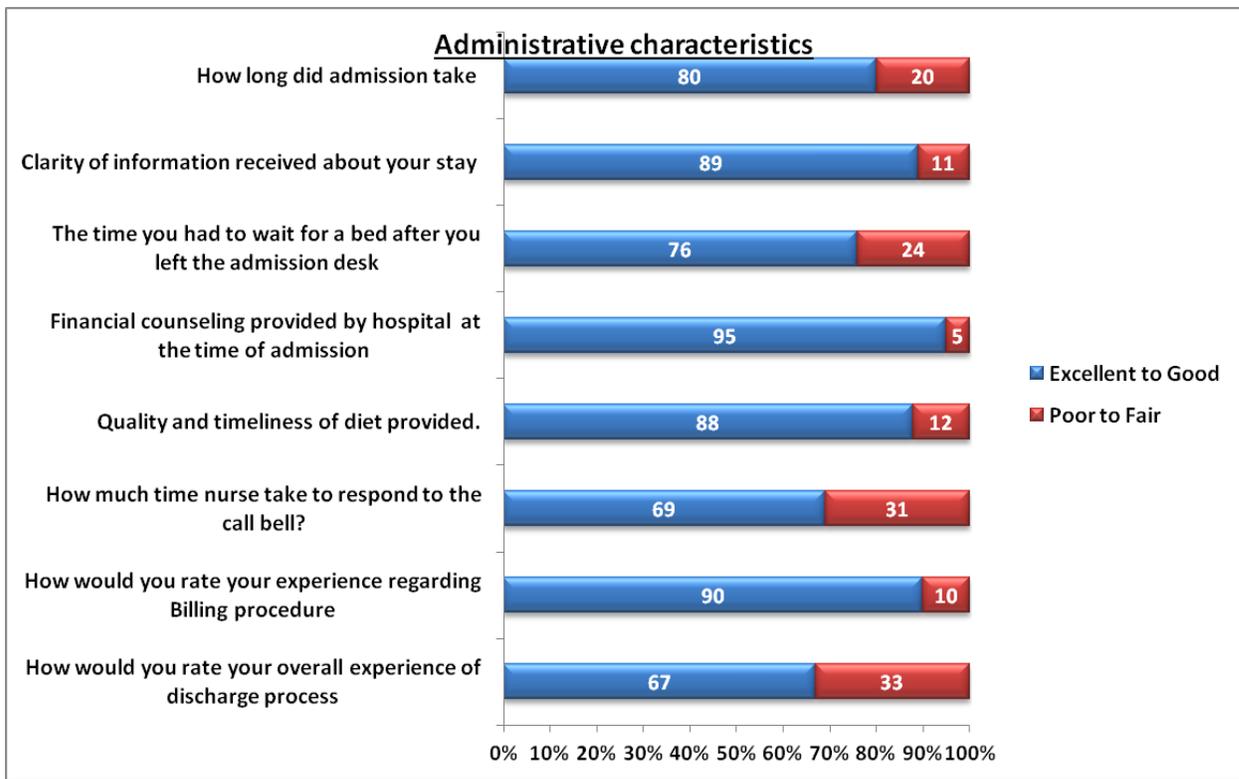


Figure 12: Satisfaction level of Administrative characteristics

The above graph gives the graphical summary of all administrative characteristics suggestion that highest satisfaction rate exists for financial counselling whereas overall **discharge process, nurses reaction to call bell and wait for bed** are the major concern areas for hospital improvement.

5.5 Experience concerning the Environmental factors

Table 9: Environmental Characteristics

S.NO	ITEM	%age results				
		Excellent	V Good	Good	Fair	Poor
25	Ambience of your room during stay: Cleanliness, comfort, lighting and temperature.	27%	58%	15%		
26	Waiting room had comfortable chairs & pleasant surroundings and sufficient space	27%	40%	33%		
27	Hospital environment: Other than room, how comfortable, quiet and pleasant it was in the hospital.	25%	49%	21%	5%	

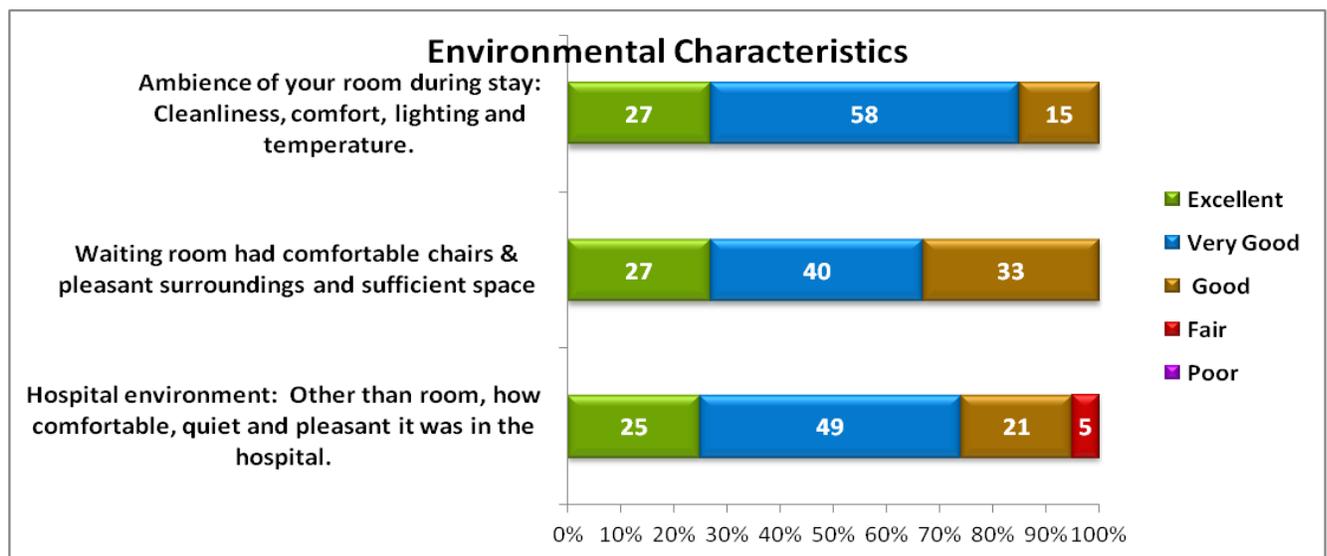


Figure 13: Satisfaction rate with respect to Environmental Characteristics based on Likert scale

The above graph represents that 85% of the patients rated Excellent to Very good with regard to the ambience of the room, Cleanliness comfort lightening and temperature, followed by 74% of the patients rated Excellent to Very good with regard to the hospital environment, quiet and pleasant. However only 5 % of the patients rated Poor. 67% of the patients rated Excellent to Very good regarding waiting room had comfortable chairs, pleasant surroundings and sufficient space.

Table 10: SATISFACTION RATE: Environmental Characteristics

S.NO	ITEM	Excellent to Good % Satisfaction	Poor to Fair % Unsatisfied
25	Ambience of your room during stay: Cleanliness, comfort, lighting and temperature.	100%	
26	Waiting room had comfortable chairs & pleasant surroundings and sufficient space	100%	
27	Hospital environment: Other than room, how comfortable, quiet and pleasant it was in the hospital.	95%	5%

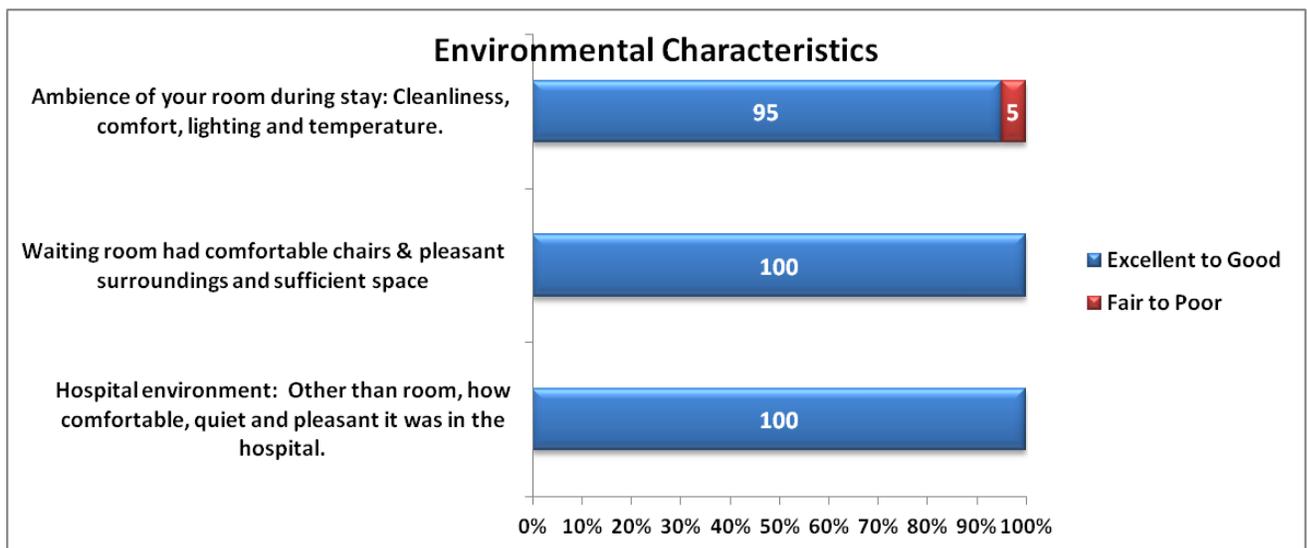


Figure 14: Satisfaction level of environmental characteristics

The above graph gives the graphical summary of all environmental characteristics suggestion that highest satisfaction rate exists for all the three parameters and it's a positive sign for hospital which need not be improved upon.

5.6 Experience concerning the overall hospital rating

Table 11: Overall Hospital Rating

S.NO	ITEM	%age results				
		Excellent	V Good	Good	Fair	Poor
28	Thinking about all the aspects of your hospital stay, how do you rate the hospital?	11%	41%	37%	11%	
29	Would you recommend the hospital to your family or friends if they needed hospital care?	Yes 85%		No 15%		

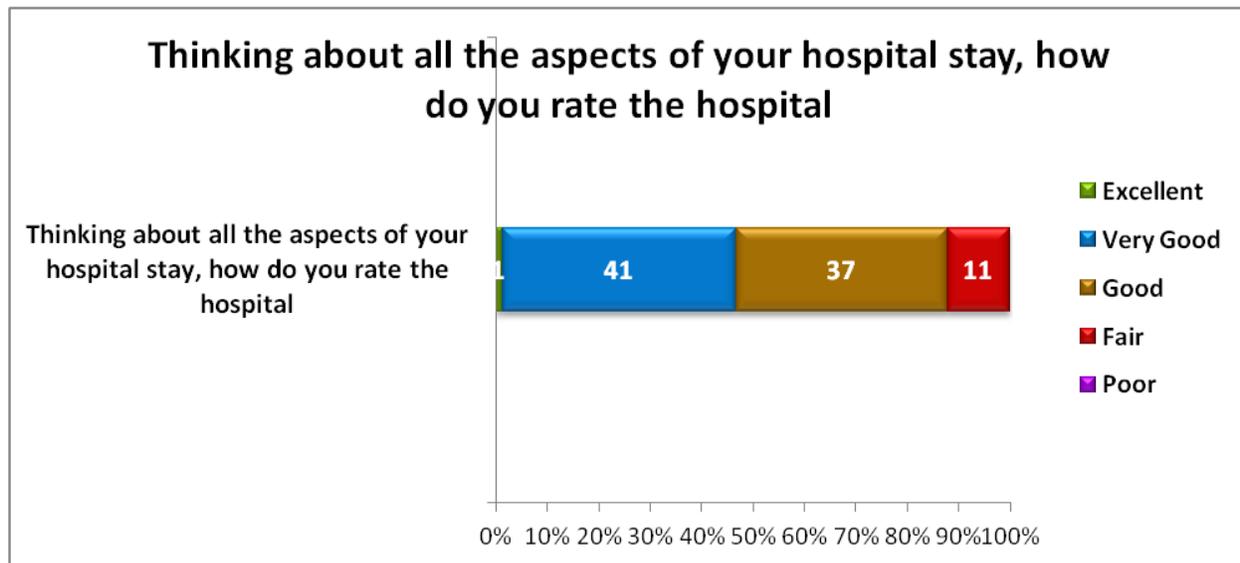


Figure 15: Satisfaction rate with respect to Overall aspects of the hospital based on Likert scale

The above graph suggests that 41% patients have rated the overall stay as Very Good, 37% as Good and 11% as Excellent on the likert scale and only 11% have rated it as Fair.

So the Overall Satisfaction rate of the hospital is 89% and only 11% of the patients are dissatisfied considering all the aspects.

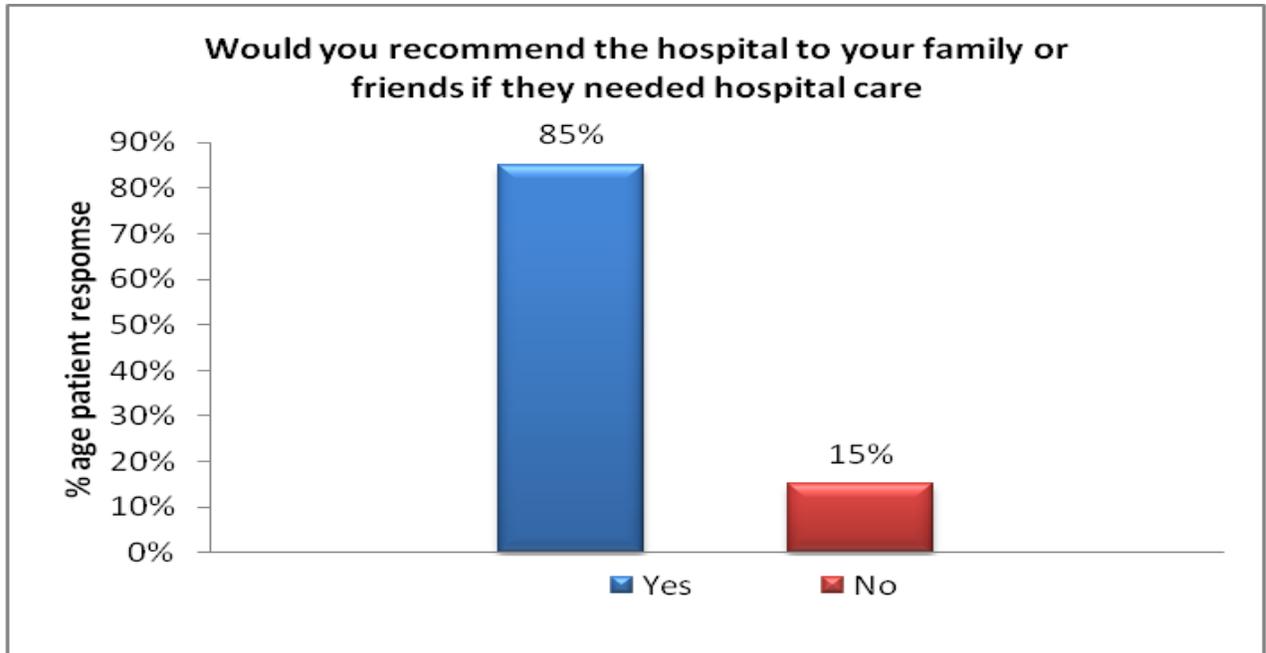


Figure 16: Recommend the hospital to family or friends

The above graph suggests that 85% patients have suggested that they would recommend the hospital to their friends and relatives which show's their high satisfaction level.

Table 12: Mean, Standard deviation w.r.t overall patient satisfaction rating by patients

S.NO	ITEM	Mean	SD
7	Helpfulness, Courtesy and concern of support staff (Admission staff, housekeeping staff) for your comfort and feelings	3.55	.925
8	Courtesy and friendliness of care providers (nurses ,doctors ,paramedics)	3.82	.869
9	Your involvement in decision making for your treatment by the doctor?	3.62	.632
10	Experience related to spending sufficient time by doctor during the rounds to clarify all your concerns?	3.26	.928
11	Respect for your Privacy and confidentiality of your information maintained	4.12	.656
	Overall Mean and SD of Interpersonal Characteristics	3.67	.808
12	Outcome of treatment and relief from pain	3.84	.615
13	Experience related to technical care provided by the nurse. (wrong medication /multiple pricks/ sample not taken in time/ preparation before procedure)	3.61	.827
14	Experience regarding explanation of entire procedure and treatment to you in understandable language by the doctor?	3.71	.946
15	Briefing about diet plan during Dietician's visit	3.59	.922
	Overall Mean and SD of Technical Characteristics	3.68	.827
16	How long did admission take (point of contact at admission desk till leaving the desk)	3.44	.834
17	Clarity of information received about your stay (Visiting hrs , payment modes , price charges)	3.67	.985
18	The time you had to wait for a bed after you left the admission desk	3.41	.877
19	Financial counseling provided by hospital at the time of admission	3.95	.845
20	Quality and timeliness of diet provided.	3.53	.915
21	Were you explained about the procedure for communicating your complaints during your stay	1.60	.492
22	How much time nurse take to respond to the call bell?	3.22	.894
23	How would you rate your experience regarding Billing procedure	3.47	.671
24	How would you rate your overall experience of discharge process	3.02	.829
	Overall Mean and SD of Administrative Characteristics	3.25	.815
25	Ambience of your room during stay: Cleanliness, comfort, lighting and temperature.	4.12	.640
26	Waiting room had comfortable chairs & pleasant surroundings and sufficient space	3.94	.776
27	Hospital environment: Other than room, how comfortable, quiet and pleasant it was in the hospital.	3.94	.814
	Overall Mean and SD of Environmental Characteristics	4	.743
28	Thinking about all the aspects of your hospital stay, how do you rate the hospital?	3.52	.835
29	Would you recommend the hospital to your family or friends if they needed hospital care?	1.17	.327

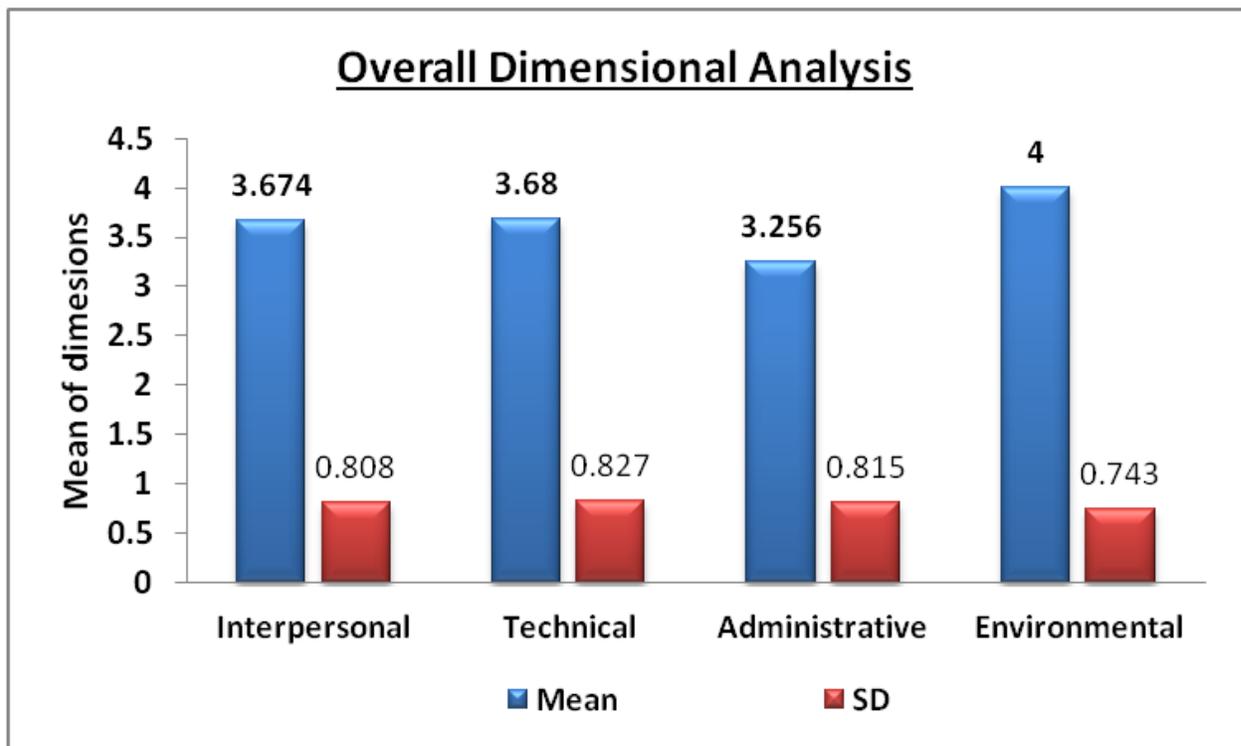


Figure 17: Overall Mean and SD of all four Quality Dimensions- Interpersonal, Technical, Administrative and Environmental Dimensions.

5.7 Interpretation of Mean of Interpersonal, Technical, Administrative and Environmental dimensions –

The Mean of 3.5 and above of each individual characteristic represents that it is Satisfactory and there is slight scope for improvement, whereas Mean of 2 and below 2 of each individual characteristic represents that it is Unsatisfactory and there is much scope for improvement in that regard.

Interpersonal Dimension

- Patients are Highly Satisfied with the Respect for the Privacy and Confidentiality of information maintained by the hospital staff with highest mean score of 4.12, followed by Courtesy and friendliness of Care providers with a mean score of 3.82. Patients are also satisfied with their involvement in decision making by the doctor in their treatment with a mean score of 3.62

- Patients are not satisfied with their experience related to spending sufficient time by the doctor during the rounds to clarify their concerns with a low mean of 3.26 and there high scope of improvement in this regard. Doctor should spend at least 5 to 7 min with the patients during rounds to clarify all their concerns.

Technical Dimension:

- Patients are Highly Satisfied with the Outcome of treatment relief from pain by the care providers with highest mean score of 3.84, followed by their experience regarding explanation of entire procedure and treatment in understandable language by the doctor with a mean score of 3.71.
- Patients are not satisfied with their experience related to briefing about diet plan by the dietician during her visit with a low mean of 3.26 and there high scope of improvement in this aspect. Dietician should spend at least 5 to 7 min with the patients during visit to clarify all their concerns and briefing the patients about their diet plan appropriately.

Administrative Dimension:

- Patients are Highly Satisfied with the Financial Counselling provided by the hospital at the time of admission with highest mean score of 3.95, followed by their experience regarding clarity of information received about their stay in the hospital – visiting hours, price charges payment modes with a mean score of 3.67.
- Patients are Highly Dissatisfied with the Explanation about the procedure for communicating the complaints during their stay with the least mean score of 1.60. A protocol should be made and followed and all relevant information should be given to the patients about the procedure of making the complaint.
- Patients are Highly Dissatisfied with their overall experience related to the discharge process of the hospital with a least mean score of 3.02 and there much high scope of improvement in this regard. Appropriate Measures should be taken to Streamline the overall discharge process and in turn reduce the waiting time for the patients.

- Patients are also dissatisfied with the response of the nurse to the call bell with a low mean score of 3.22 and there much high scope of improvement in this regard. Most of Patients complaint that nurse takes more than 7 to 10 min to respond to call bell. Appropriate Steps should be taken to reduce the time taken by the nurse to respond to call bell, which is possible by reducing the non nursing activities to a great extent.
- Patients are also not satisfied with the time they had to wait for the bed allotment after the admission has been done with a low mean score of 3.41 and there much high scope of improvement in this regard. Most of Patients complaint that they had to wait for the bed for more than 15 min after they left the admission desk. . Interdepartmental Co-ordination should be maintained between the admission department and inpatient department. A Separate Bed manager should be appointed for bed allotment procedure.

Environmental Dimension:

- Patients are Highly Satisfied with the Ambience of the room during their stay in regard – Cleanliness, comfort, lightening and temperature with highest mean score of 4.12, which in turn is the Strength of the hospital.
- Patients are also Satisfied with Hospital environment , quietness and pleasant surroundings with a mean score of 3.92, followed by comfort and sufficient space in the waiting room.

Overall Dimension Analysis:

- Patients are Highly Satisfied with the Overall Environmental Dimension of the hospital in regard to – Ambience Cleanliness, comfort, lightening, pleasant surroundings, comfort with highest mean score of 4.0, which in turn is the Strength and USP of the hospital.
- Patients are also satisfied with the Overall Technical Dimension of the hospital with a mean score of 3.68 followed by Overall Interpersonal Dimension with a mean score of 3.67, so there is a slight scope for improvement in this regard.

- Patients are dissatisfied with the Overall Administrative Dimension of the hospital with a least mean score of 3.25 there much high scope of improvement in this regard. Hospital need to work upon Administrative dimension as it is a matter of concern, in order to improve their Overall Satisfactory rate. Appropriate Measures should be taken to Streamline the Administrative aspect of the hospital.

PATIENTS FEEDBACK/ OPEN ENDED QUESTIONS

One hundred feedback forms were collected and data was analyzed by patient's feedback form. Most of the complaints or suggestions given by patients were regarding the discharge process delays, complaint handling procedure and the nurse's response to call bell. Various reasons have been identified for these points as under.

There are four quality dimensions of service delivery – Interpersonal, Technical, Administrative and Environmental. Out of these four, administrative dimension is the major area of concern and needs to be improved upon.

Most of the people had given the feedback that Interpersonal dimension-communication skills of doctors, nurses in handling patient have been upto the satisfaction level. However, administrative dimensions - including long waiting time for bed after admission , delay in nurse response to call bell, delay in discharge process and complaint handling procedure need to be improved upon which are mentioned below.

1. Long waiting for bed after admission -----:

- Non availability of desired category of bed
- Lack of coordination or interface between admission department and inpatient department.
- Non availability of GDA.
- Wheelchair to wheel out the patient not available in every ward.
- Attendant of patient not available to pay the bill.
- Patient waiting in room for his pickup vehicle.
- Delay in getting room ready by the house keeping staff once patient vacates on discharge.

2. Delay in discharge process.

- Delay in summary writing by RMO.
- For TPA patients- delay in approval from TPA office leading to overall delays.
- Delay in investigation reports.
- Billing issues.
- Attendant of patient not available to pay the bill.

- **Case of cash patient-** the attendants of the patient take time in arranging the amount hence delay observed in few cases
 - Non-availability of wheel chair on the floor
 - Unavailability of GDA
3. Improvement required in nurse's response to call bell. This involves the various non-nursing activities in which nurses have been involved
- Answering the telephone
 - Calling for repairs and replacements
 - Clerical work
 - Obtaining and maintaining supplies
 - Time spent to do work of support staff
 - Lack of training to enter patient's data
4. Lack of information regarding the complaint making procedure.
- No formal protocol followed to give information regarding registration of complaint
 - Patients not having time to read the booklet issued at the time of admission
 - No nodal person to contact for complaint lodging
5. Points regarding the vehicle parking.
- Adequate parking space not available.
 - No parking charges should be taken by the patient's vehicle.
 - Wrong parking of vehicles and there movement in wrong direction could lead to major accident.
6. Conveyance issues.
- Facility to drop patients/ their relatives till metro / bus stand during odd hours or in a strike day.
7. Quality of food
- Variety of food should be available on demand.
 - Improvement in coordination is required among the dietician's recommendation and food and beverages staff.

CHAPTER -6

CONCLUSION

Management of inpatient admissions and discharges is essential to enhance the quality of patient care across all sectors of healthcare. Patient expectation survey can be considered as a pro-active marketing activity designed to have a better chance at achieving patient satisfaction. It may be necessary to extend the roles and responsibilities of bed managers, improving coordination between different professional groups to increase the level of quality of patient care.

An analysis of patient satisfaction survey is an essential requirement for success of any hospital as it is a measure which gives an insight on the improvement areas required to meet the patient's expectations. The purpose of **patient satisfaction analysis** is to determine whether there is a gap between the patient's expectations and the present level of performance.

Patients are Highly Satisfied with the Overall Environmental Dimension of the hospital in regard to – Ambience Cleanliness, comfort, lightening, pleasant surroundings, comfort with highest mean score of 4.0, which in turn is the Strength and USP of the hospital.

Patients are also satisfied with the Overall Technical Dimension of the hospital with a mean score of 3.68 followed by Overall Interpersonal Dimension with a mean score of 3.67, so there is a slight scope for improvement in this regard.

Patients are dissatisfied with the Overall Administrative Dimension of the hospital with a least mean score of 3.25 there much high scope of improvement in this regard. Hospital need to work upon Administrative dimension as it is a matter of concern, in order to improve their Overall Satisfactory rate. Appropriate Measures should be taken to Streamline the Administrative aspect of the hospital. Overall Satisfactory Rate of the hospital is 89%.

PARAS hospital administrators may concentrate on strategies on lessening waiting time, improving discharge process, complaints handling and increasing the efficiency of nurse to listen to patients call bell and time spent by doctor for consultation and medical checkup.

Environmental characteristics are rating highest among the four quality dimensions , followed by Technical and Interpersonal . Administrative is rated lowest among the four dimension. Therefore, there is a larger scope of improvement for administrative aspects.

CHAPTER -7

RECOMMENDATIONS

There are four quality dimensions of service delivery – Interpersonal, Technical, Administrative and Environmental. Out of these four, administrative dimension is the major area of concern and needs to be improved upon

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

1. Proper procedure of complaint handling be explained to patients at the time of admission.
2. Complaint handling procedure
 - Ensure strict implementation of SOP's for complaint handling.
 - Adequate information on notice board
 - Separate person appointed for complaint handling
3. Delay in discharge process
 - Strict check on housekeeping dept for GDA availability.
 - RMO should sit with ward secy for discharge summary
 - Adequate wheelchairs assigned to each ward
 - Streamlining of TPA procedure
 - Efforts to make planned discharges
4. Nurse response to call bell
 - Availability of adequate support staff
 - Hire ward secy for typing discharge summary
 - Ward secy to attend all phone call
 - Floor managers makes the call for repair and replacements
 - On the job training of staff
5. Bed allotment after admission
 - Re-modification of bed category based on Bed Occupancy rate
 - Appointment of Bed manager

- Strict check on housekeeping dept for GDA availability
- Regular check on bed preparation time by housekeeping in-charge

6. Efforts should be made to facilitate majority of tests to be conducted for diagnosis inside hospital premises.
7. Health education can be improved using television sets in wards.
8. Regular food quality audit should be performed by the hospital staff.
9. Bed managers should appointed and involved in allotment of bed which could reduce the patients waiting time for bed allocation.
10. Security staff should be given instructions for smooth traffic management as per traffic rules.

LIMITATIONS OF STUDY

1. Service provider perspective is not taken into account during the conduct of study.
2. Other stakeholders involved are also not interviewed.
3. Due to constraints small sample size taken to conduct research study.

REFERENCE

- Al-Assaf, A. J. (1993). *The textbook of total quality in healthcare*. Delray Beach, Fl: St. Lucie Press.
- Aradhana Bhargava, A. T. (2012). Patient satisfaction survey of microbiological tests done in G.B. Pant Hospital. *International Journal of Health Care Quality Assurance Vol. 25 No. 7* , pp. 555-564.
- Berkowitz, E. P. (1997). *Healthcare Market Research*. Burr Ridge Irwin Prof. Publ.
- Dagger, T. S. (2007). A hierarchical model of health service quality: scale development and investigation of an integrated model. *Journal of Service Research*, (pp. Vol. 10 No. 2, pp. 123-42).
- Hawthorne, G. (2006). *Review of Patient Satisfaction Measures*. Australian Government Department of Health and Ageing, Canberra.
- Ibrahim, A. (2008). *Patient Satisfaction with health services at the OPD department of Indira Gandhi Memorial Hospital, Maldives*.
- Kelly, B. L. (1995). Methodological issues in patient. *International Journal of Health Care Quality Assurance Vol. 8* , pp. 32-37.
- Linder-Pelz. (1982). Social psychological determinants of patient satisfaction: a test of five hypotheses. *Soc. Sci. Med. Vol. 16* , pp. 583-589.
- Liz Gill, L. W. (2009). A critical review of patient satisfaction. *Leadership in Health Services Vol. 22 Iss: 1* , pp.8 – 19.
- MARY DRAPER, P. C. (2001). Seeking consumer views: what use are results of hospital patient satisfaction Surveys ? *International Journal for Quality in Health Care 2001; Volume 13, Number 6* : , pp. 463–468.
- Oliver, R. L. (1993). A Conceptual Model of Service Quality and Service Satisfaction: Compatible Goals, Different Concepts. *Advances in Services Marketing and Management: Research and Practice Vol. 2, Greenwich, CT: JAI Press* , pp. 65-85.
- Talluru Sreenivas, G. (2003). Patient satisfaction –A comparative study. *Journal of Academy of hospital administration Vol 15, No.2 (2003-07 –2003-12)* .
- Tam, J. L. (2007). Linking quality improvement with patient satisfaction: a study of a health service centre. *Marketing Intelligence & Planning* , pp. 732-745.
- Tucker, L. (2001). Incorporating patients'. *Managing Service Quality Number 4* , pp. 272-286.

Appendix A: Questionnaire



PATIENT SATISFACTION SURVEY

PATIENT CONSENT FOR INTERVIEW

I was extensively informed about the **Patient satisfaction survey**. My participation in survey is voluntary. I am aware that all my personal data will be stored in anonymous form.

Hereby I declare my voluntary participation.

Signature

PATIENT PROFILE

Room No. _____ Category (Cash/TPA) _____ Gender (Male/Female) _____
Treating Doctor _____ Dept _____
Date of Admission _____ Date of Discharge _____

Facts About You (Demographic details)

1. Age group you belong
 - a. 18 – 30 years.
 - b. 31- 45 years.
 - c. 46- 65 years.
 - d. Above 65 years.
2. You educational Qualification
 - a. None
 - b. Matriculation
 - c. Senior Secondary
 - d. Graduate
 - e. Post Graduate and above
3. Occupation
 - a. Dependent
 - b. Self employed
 - c. Service
4. Family Income (monthly)
 - a. upto Rs 10,000
 - b. Rs 10,001 – Rs 50,000
 - c. Rs 50,001 – Rs 1,00,000
 - d. Above Rs 1,00,000
5. Why did you choose to avail services at this hospital?
 - a. Availed services here in the past for yourself.
 - b. Referred by doctor outside hospital.
 - c. Referred by friend or relative how availed services here.
 - d. Self referred.
6. What is your marital status?
 - a. Single
 - b. Married

Please mark your answers by ticking the box that best fits your feeling.

S.No	QUESTION /ATTRIBUTE	Excellent 	Very Good 	Good 	Fair 	Poor 
INTERPERSONAL – How would you rate the following?						
7	Helpfulness, Courtesy and concern of support staff (Admission staff, housekeeping staff) for your comfort and feelings					
8	Courtesy and friendliness of care providers (nurses ,doctors ,paramedics)					
9	Your involvement in decision making for your treatment by the doctor?					
10	Experience related to spending sufficient time by doctor during the rounds to clarify all your concerns?					
11	Respect for your Privacy and confidentiality of your information maintained					
TECHNICAL – How would you rate the following?						
12	Outcome of treatment and relief from pain					
13	Experience related to technical care provided by the nurse. (wrong medication /multiple pricks/ sample not taken in time/ preparation before procedure)					
14	Experience regarding explanation of entire procedure and treatment to you in understandable language by the doctor?					
15	Briefing about diet plan during Dietician’s visit					
ADMINISTRATIVE – How would you rate the following?						
16	How long did admission take (point of contact at admission desk till leaving the desk)	within 15 mins	16 - 30 mins	31-60 min	1-2 hr	>2hr
17	Clarity of information received about your stay (Visiting hrs , payment modes , price charges)					
18	The time you had to wait for a bed after you left the admission desk	within 15 mins	16 - 30 mins	31-60 min	1-2 hr	>2hr
19	Financial counseling provided by hospital at the time of admission					
20	Quality and timeliness of diet provided.					
21	Were you explained about the procedure for communicating your complaints during your stay	yes	no			
22	How much time nurse take to respond to the call bell?	within 5 mins	5 - 10 mins	11-15 mins	15-20 mins	>20 mins
23	How would you rate your experience regarding Billing procedure					
24	How would you rate your overall experience of discharge process					
ENVIRONMENT – How would you rate the following?						
25	Ambience of your room during stay : Cleanliness, comfort, lighting and temperature.					
26	Waiting room had comfortable chairs & pleasant surroundings and sufficient space					
27	Hospital environment: Other than room, how comfortable, quiet and pleasant it was in the hospital.					
OVERALL HOSPITAL RATING						
28	Thinking about all the aspects of your hospital stay, how do you rate the hospital?					
29	Would you recommend the hospital to your family or friends if they needed hospital care?	yes	no			

30. Did anything, good or bad, happen during your stay in hospital about which you would like to comment?

31. In your opinion, is there anything the hospital could do better to improve quality of services ?

Thank you for your participation