Internship Training

at

EYE Q VISION Pvt. Ltd.,

EYE Q SUPER SPECIALITY EYE HOSPITALS

YAMUNA NAGAR, HARYANA

"A Study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance in a Super Speciality Eye Hospital"

by

Name D. JAGADEESHWARI

Enroll No. PG/24/027

Under the guidance of

Dr. DIVYA AGGARWAL

Associate Dean Training & Associate professor

IIHMR, New Delhi

PGDM (Hospital & Health Management)

2024-26



International Institute of Health Management Research New Delhi

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International Institute of Health Management Research New Delhi

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Date: 16th MAY 2026

Organization: EYE Q VISION Pvt. Ltd. EYE Q SUPER SPECIALITY EYE HOSPITALS YAMUNANAGAR, HARYANA

She comes across as a committed, sincere & diligent person who has a

strong drive & zeal for learning.

We wish her all the best for future endeavors.

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I wish her all success in all his/her future endeavors.

Dr. Punit Yadav

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The following dissertation titled **"A Study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance in a Super Speciality Eye Hospital"** at **"EYE Q VISION PVT, LTD."** 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 **PGDM (Hospital & Health 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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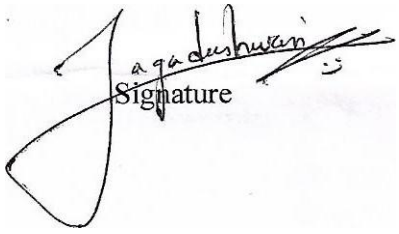
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FEEDBACK FORM

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Area of Dissertation: Operation.

Attendance: 98%.

Objectives achieved: 1. OPD Management end to end.
2. Counselling of patients
3. optical & pharmacy management.

Deliverables: * Counselling of ABH; TPA; cash patients for cataract
* OPD; pharmacy; optical management.

Strengths: Good Counselling factor

Suggestions for Improvement: Voice modulation; focusing on Business part more.

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

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 18 July 2026.
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Title of the Dissertation/Summer Assignment	**A Study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance in a Super Speciality Eye Hospital**		
Plagiarism detect software used	"**TURNITIN**"		
Similar contents acceptable (%)	Up to **15** Percent as per policy		
Total words and % of similar contents Identified	0%AI and 4% plagiarism		
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Acknowledgment

I would like to take this opportunity to express my heartfelt gratit come buted to the completion of this dissertation. When their wavering support, guidance and congenent this research project would not have been posible. I would to express to deepest gratitude and appreciation to all those who have contributed completion of ny desertation on the topic " **A Study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance in a Super Speciality Eye Hospital"** within healthcare industry This research would not have been posible without the support and guidance of several individuals, and I would like to take thin pptunity trackowledge their invaluable contributions.

Furthermore, I would like to express my gratinade to Dr. Sutapa Bandopadhyay Nang, Descr of MR, De, or fostering an environment that encourages academic achievement and research. Her vean and commitment to fostering a culture of learning have had a significant import on my academic journey

The direction and quality of this dissertation have been greatly influenced by the knowledge, insightful opinions, and helpful criticism of my mentor [guide), Dr. Divya Aggarwal Associate Dean & Associate professor, International Institute of Health Management study [IHMR), Delhi I would also like to express my sincere gratitude to the International Institute of Health Mana gement and Research in Delhi for their unwavering encouragement and assistance. The profes sts at UHMR Delhi deserve special recognition for their insightful comments and helpful cri tiques throughout my stady. Their diverse perspectives and expertise have enriched my understanding of the subject and have significantly contributed to the depth and breadth of this

The IT departement at HMR-Delhi deserves special recognition for providing the resources and technical support that made this dissertation go smoothly. Their timely resolution of any technical problems that arose during the study process was tremendously appreciated

I am grateful to the library personnel of IIHMR-Delhi, including Librarian Mr. Jagdish Prasad, for assisting me in locating relevant resources and research materials. Their efforts enabled me to acquire the most up-to-date and relevant books to support my research.

My seniors and colleagues shared their expertise, and I am appreciative of their wise remarks and suggestions, which substantially improved the caliber of this dissertation. Their willingness to share their knowledge and assist me with many aspects of my research has been invaluable.

Date: 01-08-2026 D.JAGADEESHWARI

Place: New Delhi

ABOUT THE ORGANIZATION

1. Organization Profile

Eye-Q Super Speciality Eye Hospitals is one of India's leading eye care chains, established with the objective of providing quality and affordable eye care services. The organization was founded by Dr. Ajay Sharma and commenced its operations in 2007 with its first eye hospital in Rewari, Haryana. Over the years, Eye-Q has expanded its presence across multiple states in India and has become a recognized name in ophthalmic healthcare. The hospital chain focuses on delivering comprehensive eye care services through advanced technology, experienced ophthalmologists, and patient-centric care.

The vision of Eye-Q is to become India's foremost chain of eye hospitals in terms of quality eye care and patient satisfaction. Its mission is to make every patient an ambassador of Eye-Q by providing advanced technology, high-quality treatment, personalized care, and ethical medical practices.

2. Eye-Q Super Speciality Eye Hospital, Yamunanagar

The study was conducted at Eye-Q Super-Speciality Eye Hospitals, located near Sapphire Hotel, Basant Nagar, Yamunanagar, Haryana. The hospital serves patients from Yamunanagar, Jagadhri, and nearby districts of Haryana, Himachal Pradesh, Punjab, and Uttarakhand. The centre operates with a commitment to providing accessible and high-quality eye care services to patients from both urban and rural communities.

The Yamunanagar centre was upgraded to a new facility in Basant Nagar to enhance patient care services and strengthen ophthalmic treatment capabilities. The hospital is equipped with modern diagnostic and surgical infrastructure to provide comprehensive eye care under one roof.

3. Services Offered

The hospital provides a wide range of ophthalmic services, including:

- Comprehensive Eye Examination
- Cataract Diagnosis and Surgery
- Retina Services
- Glaucoma Services
- Refractive Services
- Cornea Services
- Pediatric Ophthalmology
- Oculoplasty Services

- Optical Services
- Low Vision and Vision Rehabilitation Services

The hospital utilizes advanced diagnostic and surgical technologies to ensure accurate diagnosis and effective treatment outcomes.

4. Organizational Values

Eye-Q follows a patient-centred approach and is guided by values such as integrity, compassion, teamwork, accountability, transparency, and continuous improvement. The organization emphasizes ethical practices, quality healthcare delivery, employee development, and patient satisfaction.

The Human Resource philosophy of Eye-Q promotes open communication, employee engagement, performance-based growth, learning and development, and a safe working environment. The organization encourages teamwork and continuous learning to achieve excellence in patient care.

5. Significance of the Organization

Eye-Q Super Speciality Eye Hospital, Yamunanagar, plays an important role in addressing the eye care needs of the region. Through its specialized services, modern infrastructure, experienced medical professionals, and community outreach initiatives, the hospital contributes towards the prevention of avoidable blindness and the improvement of visual health among the population.

The hospital's focus on quality care, affordability, patient satisfaction, and technological advancement has established it as a trusted eye care provider in the region. This made the organization an appropriate setting for conducting the present study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance.



Fig.1 Eye Q Eye Hospitals, Yamuna Nagar, Haryana

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Acronym/Abbreviation	Full Form
OPD	Outpatient Department
IPD	Inpatient department
TPA	Third part administrator
NPCBVI	National Programme for Control of Blindness and Visual Impairment
WHO	World health organization
IAPB	International Agency for the Prevention of Blindness
EMI	Equated Monthly Installment
HIS	Hospital Information System
CSR	Cataract Surgical Rate
CSC	Cataract Surgical Coverage
AAO	American Academy of Ophthalmology
NICE	National Institute for Health and Care Excellence
NGO	Non-Governmental Organization
MBA	Master of Business Administration
QI	Quality Indicator
PREM	Patient Reported Experience Measures
KPI	Key Performance Indicator
MoHFW	Ministry of Health and Family Welfare

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DISSERTATION EXPERIENCES:

The dissertation work was carried out at Eye-Q Super Speciality Eye Hospital, Yamunanagar, Haryana, during my tenure as a Management Trainee. This study provided me with an opportunity to understand both the clinical and managerial aspects involved in ophthalmic healthcare delivery. The topic, "A Study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance in a Super Speciality Eye Hospital," enabled me to gain practical exposure to patient flow management, counselling processes, healthcare utilization patterns, and operational performance indicators.

During the study period, I closely observed the patient journey from registration and consultation in the Outpatient Department (OPD) to surgical counselling and final treatment decisions. This exposure helped me understand how clinical recommendations, patient perceptions, affordability, family influence, and healthcare accessibility collectively affect surgical acceptance. I interacted with counsellors, front-office staff, doctors, and operations personnel to understand the existing mechanisms used to improve patient conversion and ensure continuity of care.

One of the most valuable learning experiences was the collection and analysis of OPD-to-surgery conversion data. Through the retrospective review of hospital records and prospective interaction with patients who did not undergo surgery, I was able to identify common barriers affecting treatment acceptance. Factors such as financial concerns, second-eye surgery postponement, fear of surgery, preference for second opinions, family-related issues, and misconceptions regarding seasonal surgery were frequently observed among non-converted patients.

The study also provided insights into the role of counselling in influencing patient decisions. I observed how detailed explanations regarding disease progression, surgical benefits, insurance coverage, and post-operative care helped patients make informed decisions regarding treatment. Exposure to these counselling practices enhanced my understanding of patient-centred care and healthcare communication.

From a hospital management perspective, this dissertation strengthened my knowledge of healthcare operations, service utilization indicators, patient behaviour, and quality improvement initiatives. It enabled me to apply theoretical concepts learned during my MBA in Hospital Management to a real-world healthcare setting. The experience improved my analytical abilities, communication skills, data interpretation skills, and understanding of evidence-based decision-making in healthcare administration.

Overall, the dissertation was a highly enriching learning experience that provided practical insights into ophthalmic healthcare management and reinforced the importance of balancing clinical excellence with patient-centred service delivery. The knowledge and experience gained through this study will be valuable in my future career in hospital and healthcare management.

INTRODUCTION

1.1 Overview of Eye Care Services and Visual Impairment

Vision is one of the most essential sensory functions that contributes significantly to an individual's independence, productivity, social interaction, and overall quality of life. Visual impairment affects educational opportunities, employment status, mobility, psychological well-being, and daily functioning.[1] According to the World Health Organization (WHO), approximately 2.2 billion people globally are affected by visual impairment or blindness, out of which at least one billion cases are preventable or treatable.[2] Cataract continues to remain one of the leading causes of avoidable blindness worldwide despite the availability of safe and effective surgical treatment.[3]

India bears a substantial burden of visual impairment because of its large population, increasing life expectancy, rising prevalence of age-related eye diseases, limited awareness, and unequal access to healthcare services.[22] Studies conducted in India have reported that cataract contributes significantly to blindness and moderate-to-severe visual impairment, particularly among elderly populations living in rural and economically weaker communities.[20] The increasing burden of chronic conditions such as diabetes has also resulted in a rise in retinal diseases and diabetic retinopathy requiring specialized ophthalmic care.[21]

Eye hospitals function as an important entry point for the diagnosis, treatment planning, counselling, and management of ophthalmic diseases. The OPD serves as the primary contact area where patients seek consultation for cataract, glaucoma, refractive errors, retinal disorders, diabetic eye diseases, corneal pathologies, and other visual problems.[21] During consultation, ophthalmologists evaluate disease severity and advise medical or surgical treatment based on clinical findings. However, not all patients advised surgery undergo the procedure, resulting in a gap between clinical recommendation and treatment acceptance.[4]

1.2 OPD to Surgery Conversion in Eye Hospitals

The OPD to surgery conversion rate refers to the proportion of patients advised surgery in the outpatient department who ultimately undergo the recommended surgical procedure.[4] In hospital administration and healthcare management, conversion rate is considered an important indicator of patient trust, service utilization, counselling effectiveness, treatment acceptance, and operational efficiency.[44]

In ophthalmology settings, conversion rates are particularly important because most ophthalmic surgeries are elective rather than emergency procedures. Cataract surgery, refractive surgery, glaucoma procedures, and many retinal interventions are usually planned surgeries where patients are given time to make treatment decisions. As a result, patient decisions are influenced by several personal, social, psychological, and financial factors rather than immediate medical urgency.[13]

A good conversion rate may indicate effective counselling, trust in the hospital, affordability of services, accessibility of care, and efficient patient management systems.[18] Conversely, low conversion rates may suggest the presence of barriers such as financial burden, fear of surgery, poor understanding of disease progression, dissatisfaction with hospital services, or inadequate communication between healthcare providers and patients.[10]

Hospital administrators increasingly use conversion rates to evaluate healthcare utilization patterns, assess operational performance, improve resource allocation, and identify deficiencies in patient care processes.[5] In high-volume eye hospitals, assessment of OPD to surgery conversion provides valuable insights into patient behaviour, counselling effectiveness, waiting time management, insurance facilitation, and overall patient satisfaction.[45]

1.3 Burden of Cataract and Need for Timely Surgical Intervention

Cataract is recognized as one of the most common causes of blindness and visual disability globally.[2] Studies conducted in India have consistently reported cataract as a major contributor to visual impairment among elderly individuals.[23] Cataract surgery is considered one of the most successful and cost-effective healthcare interventions because it restores vision, improves quality of life, enhances functional independence, and reduces disability.[6]

The WHO and the International Agency for the Prevention of Blindness (IAPB) have emphasized the importance of increasing cataract surgical coverage to reduce avoidable blindness globally.[32] The Vision 2020 initiative focused on eliminating avoidable blindness through improved access to eye care services, strengthening ophthalmic infrastructure, increasing awareness, and promoting timely cataract surgeries.[32]

In India, the National Programme for Control of Blindness and Visual Impairment (NPCBVI) was introduced to reduce blindness prevalence by improving accessibility to ophthalmic services and increasing cataract surgeries.[33] Government-supported initiatives, outreach camps, and insurance schemes such as Ayushman Bharat have further attempted to improve access to surgical treatment among economically weaker populations.[34]

Despite the availability of treatment facilities, many patients continue to delay cataract surgery until the vision loss becomes severe.[29] Several studies have reported that patients often continue routine activities despite poor vision because they perceive the visual impairment as manageable.[16] Delayed surgery may result in worsening vision, increased dependency, reduced mobility, risk of falls, social isolation, and decreased quality of life.[6]

Studies conducted in rural populations have shown that lack of awareness regarding disease progression and misconceptions about surgery outcomes contribute significantly to delayed treatment-seeking

behaviour.[31] In many cases, patients repeatedly visit eye hospitals for consultation but fail to convert into surgical cases.[17]

1.4 Factors Influencing Surgical Acceptance

Acceptance of surgery is influenced by a combination of medical, social, psychological, economic, and institutional factors. Previous literature has demonstrated that surgical acceptance is not determined solely by clinical advice but also by the patient's understanding of the disease, perception of treatment benefits, affordability, family support, and emotional readiness.[12]

Fear associated with surgery is one of the most commonly reported barriers to ophthalmic surgical uptake.[7] Several studies have reported that patients fear pain, blindness after surgery, surgical complications, anaesthesia, injections, and poor visual outcomes.[24] Elderly individuals may additionally experience anxiety regarding hospitalization and dependence during the post-operative period.[25]

Financial burden remains another major reason for non-conversion.[8] Even when hospitals provide subsidized treatment, patients may face additional expenses related to transportation, medications, diagnostic investigations, accommodation, and loss of wages.[28] Patients without insurance coverage or government scheme eligibility are more likely to postpone surgery.[34]

Family influence also plays an important role in healthcare decision-making, particularly in the Indian context.[13] Elderly patients frequently depend on family members for transportation, caregiving, financial support, and post-operative assistance. Lack of family support or disagreement among family members may delay treatment acceptance.[14]

Another important factor affecting conversion is inadequate awareness regarding disease progression. Some patients believe surgery is necessary only when vision is completely lost, while others rely on changing spectacles or temporary remedies instead of undergoing definitive treatment.[30] Misconceptions and myths regarding cataract surgery continue to affect treatment decisions in several communities.[27]

The need for second opinions is also frequently observed in ophthalmology practice. Patients may consult multiple hospitals before deciding on surgery, resulting in delayed treatment and reduced conversion rates.[19]

1.5 Global and National Perspective on Eye Care Services

The World Health Organization has repeatedly emphasized the importance of strengthening comprehensive eye care systems and reducing avoidable blindness through early diagnosis and timely treatment.[9] The WHO World Report on Vision highlights the increasing burden of visual impairment associated with ageing populations, rising diabetes prevalence, and unequal healthcare access.[2]

The WHO Health Systems Framework further stresses the need for effective service delivery, accessibility, affordability, patient-centred care, and health system strengthening to improve healthcare utilization.[41]

The Vision 2020 initiative launched jointly by WHO and the International Agency for the Prevention of Blindness focused on eliminating avoidable blindness through improved cataract surgical coverage, community awareness, training of healthcare professionals, and infrastructure development.[32]

In India, NPCBVI has played a major role in increasing cataract surgeries and expanding access to eye care services across urban and rural regions.[33] Public insurance initiatives such as Ayushman Bharat aim to reduce financial barriers by providing health coverage for eligible populations.[34] Several tertiary eye care institutions such as Aravind Eye Care System and LV Prasad Eye Institute have developed high-volume, cost-effective models for ophthalmic care delivery and cataract management.[35]

These institutions have demonstrated that improved counselling systems, outreach services, patient education, affordability models, and streamlined patient flow management can significantly improve surgical uptake and service utilization.[35]

1.6 Barriers to Surgical Acceptance in Ophthalmology

Previous studies related to cataract surgery uptake have consistently identified both patient-related and hospital-related barriers affecting treatment acceptance.[7] Financial constraints remain one of the most significant causes of non-conversion, particularly among rural and economically weaker populations.[8]

Fear and anxiety regarding surgery continue to influence patient behaviour significantly.[24] Studies have shown that misconceptions about surgical complications, fear of blindness, and lack of confidence in surgical outcomes negatively affect treatment acceptance.[26]

Accessibility issues such as transportation difficulties, lack of escorts, long travel distances, and inability to arrange post-operative support also contribute to delayed surgery.[27] In addition, elderly patients may face physical dependency and mobility limitations, further reducing surgical uptake.[25]

Long waiting times in OPD, delayed investigations, poor appointment scheduling systems, and inadequate counselling services may also influence conversion rates.[18] Patient dissatisfaction with administrative procedures or communication gaps may reduce trust in healthcare providers.[14]

Several studies have emphasized that proper counselling significantly improves treatment acceptance.[10] Effective counselling regarding disease severity, benefits of surgery, expected outcomes, package details, insurance coverage, and post-operative care improves patient confidence and willingness to undergo surgery.[11]

1.7 Hospital-Related Factors Affecting Conversion Rate

Apart from patient-related barriers, hospital-related factors also influence OPD to surgery conversion rates. Service quality, communication practices, affordability, waiting time, counselling systems, and administrative efficiency affect the overall patient experience and treatment acceptance.[39]

The counselling process in eye hospitals plays a critical role in influencing patient decisions. Counsellors and doctors provide information regarding disease progression, necessity of surgery, surgical packages, insurance facilities, and expected visual outcomes.[11] Ineffective communication or inadequate patient education may create confusion and fear among patients.[14]

Administrative factors such as delays in investigations, complex admission procedures, inadequate guidance regarding insurance schemes, and prolonged waiting periods may discourage patients from proceeding with surgery.[44]

Patient interaction with front office staff, nurses, counsellors, and doctors also contributes significantly to hospital perception and patient satisfaction.[13] Positive communication and supportive behaviour may strengthen trust and improve surgical acceptance.[11]

1.8 Need for the Study

Eye hospitals receive a large number of patients in the OPD who are advised surgical management for various ophthalmic conditions. However, a significant proportion of these patients do not undergo the recommended surgery. This gap between surgical advice and treatment acceptance affects both patient outcomes and hospital efficiency.[4]

Delayed surgical intervention may result in worsening visual impairment, dependency in daily activities, reduced productivity, and poor quality of life.[6] At the same time, low conversion rates may lead to underutilization of hospital resources, inefficiencies in service delivery, and reduced operational performance.[44]

Although several studies have examined barriers related to cataract surgery uptake, limited literature is available specifically regarding OPD to surgery conversion rates and associated barriers in super speciality eye hospitals. Therefore, the present study is important for understanding existing conversion patterns and identifying patient-related as well as hospital-related factors influencing surgical acceptance.

The findings may contribute towards improving counselling practices, strengthening patient education, enhancing accessibility to insurance schemes, optimizing hospital processes, and improving overall patient-centred ophthalmic care.

REVIEW OF LITERATURE

World Health Organization, in the World Report on Vision, highlighted that visual impairment and blindness continue to pose significant public health challenges across the globe. The report estimated that billions of individuals are affected by vision impairment, with a substantial proportion of cases being either preventable or treatable through timely intervention. Cataract was identified as one of the leading causes of avoidable blindness worldwide, particularly among elderly populations. The report emphasized that barriers related to accessibility, affordability, availability of services, awareness, and healthcare utilization continue to limit the uptake of eye care services in many countries. The WHO further advocated for the integration of people-centred eye care into national health systems and stressed the need for strengthening healthcare infrastructure, workforce capacity, and service delivery mechanisms. The report concluded that improving access to timely diagnosis and surgical intervention could significantly reduce the burden of avoidable blindness and improve quality of life among affected populations.[2]

The World Health Organization, through its Blindness and Visual Impairment Fact Sheet, reported that cataract remains one of the most common causes of visual disability globally despite the availability of safe and effective surgical treatment. The report highlighted that a large proportion of visual impairment cases continue to occur in low- and middle-income countries where access to healthcare services remains inadequate. Factors such as delayed treatment-seeking behaviour, poor awareness regarding eye diseases, geographical barriers, shortage of specialized ophthalmic services, and financial limitations were identified as important contributors to untreated visual impairment. The WHO emphasized that timely cataract surgery has the potential to restore vision and improve functional independence among affected individuals. The report further stressed the importance of public awareness initiatives, early detection programmes, and improved accessibility to ophthalmic care in reducing the burden of blindness.[3]

Park K., in Park's Textbook of Preventive and Social Medicine, discussed blindness as an important public health issue and highlighted its social, economic, and healthcare implications. The textbook emphasized that visual impairment affects educational opportunities, employment, productivity, mobility, and overall quality of life. The author stressed the importance of preventive ophthalmology, early diagnosis, community awareness, and timely treatment in reducing avoidable blindness. The text also highlighted the role of national blindness control programmes in improving access to ophthalmic services and strengthening eye care infrastructure. Furthermore, it emphasized that health-seeking behaviour, awareness levels, accessibility to healthcare facilities, and socioeconomic factors significantly influence the utilization of eye care services. The concepts discussed in the textbook provide an important public health perspective for understanding barriers to surgical acceptance and healthcare utilization.[1]

Murthy et al. conducted studies on eye care services in India and reported that cataract continues to contribute substantially to blindness and visual impairment among the elderly population. The researchers observed that despite significant improvements in ophthalmic infrastructure and service availability, many patients continue to experience untreated visual impairment due to delayed healthcare-seeking behaviour. The study identified lack of awareness regarding disease progression, financial constraints, transportation difficulties, and limited accessibility to specialized eye care services as major factors contributing to delayed treatment. The authors emphasized that strengthening community outreach programmes, improving patient education, and enhancing accessibility to eye care services could significantly improve treatment uptake. The study highlighted the need for patient-centred approaches in addressing barriers that prevent timely utilization of ophthalmic services.[21]

Dandona et al. conducted a comprehensive study on visual impairment in India and reported that cataract remained one of the leading causes of blindness, particularly among rural populations and economically disadvantaged groups. The study demonstrated that a considerable proportion of blindness was avoidable through timely diagnosis and appropriate surgical intervention. The researchers observed significant disparities in healthcare utilization between urban and rural populations, with underserved communities facing greater challenges in accessing ophthalmic services. Factors such as low awareness, socioeconomic limitations, inadequate healthcare accessibility, and delayed treatment-seeking behaviour were found to contribute to the persistence of visual impairment. The study concluded that increasing cataract surgical coverage, strengthening healthcare delivery systems, and promoting awareness regarding available treatment options are essential for reducing blindness prevalence. The findings provide valuable evidence regarding the importance of understanding barriers that influence healthcare utilization and surgical acceptance among patients requiring ophthalmic care.[20]

Vashist et al. assessed the prevalence of blindness and visual impairment in India and found that elderly populations experienced a disproportionately higher burden of cataract-related visual disability. The study reported that the prevalence of blindness increased significantly with advancing age and was particularly high among individuals residing in rural areas. Cataract was identified as the predominant cause of visual impairment, accounting for a substantial proportion of avoidable blindness cases. The authors emphasized that despite improvements in healthcare services, many patients continued to remain untreated because of limited awareness, delayed healthcare-seeking behaviour, financial constraints, and inadequate accessibility to eye care facilities. The study recommended strengthening community-based screening programmes, improving patient education, and expanding access to affordable ophthalmic services. These findings highlight the importance of identifying factors that influence treatment acceptance among patients advised surgical intervention.[22]

Vashist et al.[22] conducted a population-based study to assess the prevalence of blindness and visual impairment in India. The researchers reported that blindness and visual impairment were more prevalent

among older adults, particularly those above the age of 50 years. Cataract was identified as one of the leading causes of avoidable blindness and visual disability in the country. The study further highlighted that a substantial proportion of affected individuals belonged to rural and socioeconomically disadvantaged populations who had limited access to specialized eye care services. The authors emphasized that improving awareness regarding eye diseases, strengthening screening programmes, and increasing accessibility to ophthalmic services could significantly reduce the burden of visual impairment. The findings of this study indicate that despite the availability of effective treatment options, several patients continue to remain untreated, thereby highlighting the importance of understanding barriers affecting surgical acceptance.

Gogate et al.[6] studied cataract surgery trends in India and evaluated the impact of cataract surgery on visual outcomes and quality of life. The study demonstrated that cataract surgery is one of the most successful and cost-effective healthcare interventions available in modern medicine. Patients undergoing cataract surgery experienced significant improvements in visual acuity, independence in daily activities, mobility, and overall quality of life. The researchers reported that advancements in surgical techniques, improved intraocular lens technology, and increasing availability of ophthalmic services have contributed to better treatment outcomes across India. Despite these improvements, the study observed that many patients continue to delay surgery due to non-clinical factors. The authors concluded that increasing awareness and encouraging timely surgical intervention are essential for reducing avoidable blindness and improving patient outcomes.

The International Agency for the Prevention of Blindness (IAPB), through the Vision Atlas project,[32] reported that avoidable blindness remains a significant public health challenge globally. The report highlighted that millions of individuals continue to experience vision loss due to conditions that are either preventable or treatable, particularly cataract and refractive errors. The Vision Atlas emphasized the importance of strengthening national eye care programmes, improving cataract surgical coverage, and ensuring equitable access to ophthalmic services. The report further noted that population ageing and increasing life expectancy are likely to increase the future demand for eye care services worldwide. To address these challenges, the IAPB recommended collaborative efforts involving governments, healthcare providers, and community organizations to improve service delivery and treatment uptake. The findings reinforce the need for continuous monitoring of surgical acceptance and healthcare utilization patterns within ophthalmic settings.

The Ministry of Health and Family Welfare, through the National Programme for Control of Blindness and Visual Impairment (NPCBVI),[33] highlighted the importance of reducing blindness prevalence through improved accessibility to ophthalmic services. The programme focuses on early detection of eye diseases, expansion of cataract surgical services, awareness generation, and strengthening of eye care infrastructure across the country. NPCBVI has played a significant role in increasing cataract

surgical coverage and reducing avoidable blindness in India. The programme also emphasizes outreach activities, community participation, and service delivery in underserved populations. The initiative demonstrates the importance of organized healthcare programmes in improving treatment uptake and healthcare accessibility. The objectives of NPCBVI are particularly relevant to the present study, which aims to understand barriers that prevent patients from converting from surgical advice to actual surgical

Rabiu et al.[24] examined barriers to cataract surgery uptake in developing countries and reported that fear remained one of the most frequently cited reasons for refusing or delaying surgery. Many patients expressed concerns regarding surgical complications, pain, blindness following surgery, and uncertainty regarding treatment outcomes. The study also identified financial difficulties and poor awareness as important determinants of treatment acceptance. The authors emphasized the need for improved patient counselling and educational interventions to address misconceptions regarding cataract surgery. The study highlighted that successful healthcare delivery requires not only the availability of surgical services but also the willingness of patients to accept treatment.

Rotchford et al.[25] conducted a study in South Africa to identify barriers contributing to delayed cataract surgery among visually impaired individuals. The researchers observed that although cataract surgery services were available, a substantial proportion of eligible patients postponed or declined treatment. The study found that transportation difficulties, financial dependency on family members, lack of escorts, and concerns regarding post-operative recovery were among the most frequently reported barriers. Elderly patients, in particular, faced challenges in accessing healthcare facilities because they relied heavily on family support for travel and caregiving. The researchers further noted that fear of temporary dependence during the recovery period discouraged many individuals from accepting surgery. Accessibility-related challenges were found to have a significant impact on healthcare utilization and treatment-seeking behaviour. The study concluded that addressing social, economic, and logistical barriers through community support systems, improved transportation facilities, and targeted awareness programmes could substantially improve cataract surgical uptake and reduce avoidable blindness.

Yin et al.[26] assessed barriers affecting cataract surgery uptake among patients in China and reported that misconceptions regarding cataract progression and surgery outcomes played a major role in delayed treatment acceptance. The study found that many participants believed surgery should only be performed after complete loss of vision, resulting in unnecessary postponement of treatment. Fear of complications, uncertainty regarding surgical success, and inadequate knowledge about the benefits of cataract surgery were commonly reported concerns. The researchers also observed that lower educational levels were associated with poorer understanding of cataract management and increased hesitation towards surgery. The study emphasized the importance of patient education and awareness programmes in correcting misconceptions and promoting timely treatment-seeking behaviour. The

authors concluded that healthcare providers should focus on improving communication and public awareness to increase acceptance of cataract surgery and reduce the burden of avoidable visual impairment.

Snellingen et al.[27] evaluated barriers affecting cataract surgery uptake in Nepal, particularly among rural populations. The researchers reported that geographical inaccessibility remained one of the most significant obstacles preventing patients from receiving timely treatment. Long travel distances, difficult terrain, limited transportation facilities, and financial hardship contributed to low utilization of ophthalmic services. The study also found that many elderly patients lacked adequate family support and faced challenges in arranging travel and accommodation during treatment. In addition, poor awareness regarding cataract progression and available treatment options further reduced surgical acceptance. The authors emphasized that community outreach programmes, mobile eye camps, and decentralization of eye care services could improve access to cataract surgery in underserved regions. The study concluded that reducing geographical and socioeconomic barriers is essential for increasing cataract surgical coverage and preventing avoidable blindness.

Marmamula et al.[8] investigated barriers to eye care utilization among elderly populations and reported that patient perceptions played a crucial role in treatment-seeking behaviour. The study found that many individuals delayed surgery because they believed their visual impairment was manageable and did not significantly interfere with daily activities. Financial constraints, transportation difficulties, and limited awareness regarding disease progression were also identified as important barriers. The researchers observed that patients often underestimated the severity of their condition and postponed treatment until vision loss became severe. The study emphasized the importance of understanding patient attitudes and perceptions when designing interventions aimed at improving healthcare utilization. The authors concluded that awareness campaigns, counselling services, and improved accessibility to affordable ophthalmic care are necessary to increase treatment uptake and reduce the burden of visual impairment.

Bizuneh et al.[29] examined cataract surgery utilization patterns and identified several barriers affecting treatment acceptance among patients with visual impairment. The study reported that affordability remained one of the most significant challenges, particularly among economically disadvantaged populations. Fear of surgery, lack of awareness regarding treatment benefits, and transportation-related difficulties were also commonly reported reasons for delaying surgery. The researchers found that many patients continued to live with significant visual impairment despite being aware of available treatment options. The study highlighted that healthcare utilization is influenced by a complex interaction of socioeconomic, psychological, and healthcare system factors. The authors concluded that interventions aimed at reducing financial burden, improving awareness, and strengthening patient counselling services could substantially improve cataract surgical uptake and healthcare utilization.

Shetti et al.[7] conducted a study on barriers to cataract surgery uptake and reported that psychological factors played a major role in influencing patient decisions regarding treatment. Fear of blindness following surgery, anxiety regarding surgical procedures, and misconceptions about treatment outcomes were frequently reported among participants. The study also identified financial limitations, inadequate family support, and dependence on caregivers as additional barriers affecting surgical acceptance. Many patients expressed concerns regarding the safety of surgery and uncertainty about visual outcomes, despite advances in modern ophthalmic techniques. The researchers emphasized that these concerns often arose from inadequate knowledge and misinformation regarding cataract surgery. The study concluded that effective counselling, patient education, and reassurance from healthcare providers are essential for overcoming psychological barriers and improving treatment acceptance among eligible patients.

Amritanand et al.[28] investigated the factors that facilitated cataract surgery uptake among patients diagnosed with visually significant cataract. The study focused not only on barriers but also on positive influences that encouraged patients to proceed with surgery. The researchers reported that effective counselling by healthcare professionals played a crucial role in improving patient confidence and willingness to undergo surgery. Family support was identified as another important factor, as many elderly patients depended on relatives for financial assistance, transportation, and post-operative care. The study also highlighted the contribution of affordability measures, government-supported schemes, and community awareness programmes in improving treatment acceptance. Patients who had a better understanding of cataract progression and the benefits of surgery were found to be more likely to accept treatment. The authors concluded that strengthening counselling services, improving awareness, and reducing financial burden can significantly enhance cataract surgical uptake. These findings are particularly relevant to the present study as they highlight factors that may improve OPD-to-surgery conversion rates in ophthalmic settings.

Khan et al.[30] conducted a study to assess cataract surgery uptake patterns in India and identify factors influencing treatment-seeking behaviour among patients with visual impairment. The study revealed that delayed healthcare-seeking behaviour was strongly associated with inadequate awareness regarding cataract progression, financial concerns, and dependence on family members for decision-making. Many patients believed that surgery should only be considered when vision loss became severe enough to interfere completely with daily activities. The researchers observed that misconceptions regarding cataract surgery and uncertainty about treatment outcomes contributed to delayed acceptance. The study further highlighted the influence of socioeconomic status on healthcare utilization, with economically weaker patients demonstrating lower rates of surgical uptake. The authors emphasized the need for awareness campaigns, patient education programmes, and supportive healthcare policies to encourage timely cataract surgery and reduce preventable visual impairment.

Vaidyanathan et al.[31] examined trends in barriers affecting cataract surgery uptake among rural populations and reported that misconceptions regarding cataract surgery continued to influence patient decisions despite improvements in healthcare services. The study found that many individuals believed visual loss was a natural consequence of ageing and therefore delayed seeking treatment. Fear of surgery, concerns regarding complications, and financial hardship were frequently reported as reasons for non-utilization of ophthalmic services. The researchers observed that poverty and limited access to healthcare facilities further aggravated treatment delays. The study emphasized the importance of community-based awareness programmes and outreach activities in changing patient perceptions regarding cataract surgery. The findings demonstrated that healthcare utilization is influenced by a combination of social, economic, and behavioural factors rather than clinical need alone.

Andersen[5] developed the Behavioral Model of Health Service Use, one of the most widely recognized frameworks for understanding healthcare utilization behaviour. The model proposes that healthcare utilization is determined by three major categories of factors: predisposing factors, enabling factors, and perceived need for healthcare services. Predisposing factors include age, education, social background, and health beliefs; enabling factors include income, accessibility, affordability, and healthcare infrastructure; while need factors relate to an individual's perception of illness severity and requirement for treatment. The model highlights that even when healthcare services are available, utilization may remain low if barriers related to affordability, awareness, accessibility, or social support are present. Andersen's framework provides an important theoretical basis for understanding why some patients proceed with recommended surgery while others do not despite receiving similar clinical advice.

Donabedian[39] developed the Structure–Process–Outcome framework, which remains one of the most influential models for assessing healthcare quality. According to this framework, healthcare quality is determined by three interrelated components. Structure refers to organizational resources, infrastructure, equipment, and workforce; process refers to the manner in which healthcare services are delivered; and outcomes refer to the results achieved in terms of patient health status and satisfaction. The framework has been extensively applied in healthcare administration to evaluate hospital performance, service effectiveness, and patient outcomes. In ophthalmic settings, the model can be used to assess factors influencing patient satisfaction, treatment acceptance, and surgical conversion rates. The framework highlights that improving organizational processes and patient interactions may positively influence healthcare utilization.

Starfield[40] emphasized the importance of accessible, patient-centred healthcare systems in improving health outcomes and service utilization. The study highlighted that healthcare accessibility, continuity of care, and effective patient-provider relationships contribute significantly to patient satisfaction and treatment adherence. The author argued that healthcare services should be designed around patient

needs and preferences rather than organizational convenience. The study demonstrated that improved accessibility and responsiveness of healthcare systems encourage greater utilization of services and better treatment outcomes. These concepts are particularly relevant in understanding factors influencing conversion from outpatient consultation to surgical acceptance.

If your guide expects a **20-page Literature Review**, each study should be around **180–250 words**, not 70–100 words. Here's a much more detailed version:

Barry et al. examined the concept of shared decision-making and its role in improving patient-centred healthcare delivery. The authors argued that healthcare decisions should be made through collaboration between healthcare providers and patients rather than through a purely physician-directed approach. The study demonstrated that when patients are actively involved in discussions regarding treatment options, expected outcomes, risks, benefits, and alternatives, they develop a better understanding of their medical condition and become more confident in their healthcare decisions. Shared decision-making was found to improve patient satisfaction, increase trust in healthcare providers, and enhance adherence to recommended treatment plans. The researchers reported that patient participation becomes particularly important when multiple treatment options are available or when treatment decisions involve elective procedures. Patients who received comprehensive information and felt included in the decision-making process were less likely to experience uncertainty and more likely to accept recommended interventions. The study further highlighted that involving patients in healthcare decisions contributes to improved healthcare experiences and better clinical outcomes. The findings are highly relevant to ophthalmology because procedures such as cataract surgery are often elective and require patient consent and willingness. Patients who understand the benefits of surgery and actively participate in treatment planning are more likely to proceed with surgical intervention. The study concluded that healthcare organizations should promote shared decision-making as a strategy to improve treatment acceptance, patient satisfaction, and overall quality of care.[12]

The authors reported that patients who received clear explanations regarding their diagnosis, treatment options, expected outcomes, and potential complications demonstrated greater confidence in healthcare providers and were more likely to adhere to treatment recommendations. Effective communication was also associated with improved patient satisfaction, reduced anxiety, and enhanced healthcare experiences. Patients who felt heard and respected during consultations reported higher levels of trust and engagement in healthcare decisions. The study further highlighted that communication failures can negatively influence treatment acceptance and patient satisfaction. Poor communication may create confusion, misconceptions, and fear regarding treatment procedures. In contrast, patient-centred communication encourages active participation and informed decision-making. The researchers concluded that healthcare providers should focus on communication skills as an essential aspect of clinical practice. In ophthalmic care, where patients may have concerns regarding surgical outcomes

and visual recovery, effective communication can play a significant role in improving acceptance of recommended treatment and increasing surgical conversion rates.[11]

Street et al. investigated how communication influences healthcare utilization, treatment adherence, and patient outcomes. The study demonstrated that communication between healthcare providers and patients directly affects healthcare experiences and treatment decisions. The researchers observed that patients who felt respected, understood, and involved during clinical interactions were more likely to trust healthcare providers and comply with recommended treatment plans. The study found that effective communication contributes to improved patient understanding of disease conditions, treatment requirements, and expected outcomes. Patients who received adequate information regarding their health condition demonstrated greater confidence in healthcare services and showed higher levels of treatment adherence. Communication was also found to reduce uncertainty and anxiety, particularly among patients facing surgical procedures. The researchers emphasized that communication should be viewed as a two-way process involving active listening, empathy, and patient engagement. Patients who were encouraged to ask questions and express concerns reported greater satisfaction with healthcare services. Conversely, poor communication often resulted in misunderstanding, dissatisfaction, and reluctance to accept treatment recommendations. The authors concluded that communication quality should be considered a critical indicator of healthcare quality. Within ophthalmology settings, effective communication can help address misconceptions regarding surgery, improve patient understanding of disease progression, and support informed decision-making, thereby contributing to improved surgical acceptance rates.[14]

Patients who understand the rationale behind recommended treatments are more likely to accept and continue those treatments. The study further highlighted that patient engagement helps reduce uncertainty and improves confidence in healthcare decisions. The findings are relevant to the present study because engagement and involvement of patients may significantly influence their willingness to undergo ophthalmic surgery. Encouraging patient participation may therefore contribute to improved OPD-to-surgery conversion rates and better healthcare outcomes.

Kroenke et al. emphasized the importance of patient-reported outcomes in healthcare research and quality assessment. The study highlighted that traditional clinical indicators alone may not fully capture patient experiences, treatment satisfaction, and barriers affecting healthcare utilization. Patient-reported outcomes provide valuable information regarding how patients perceive their health status, treatment experiences, and quality of life.The researchers demonstrated that patient perspectives often reveal issues that may not be evident through clinical assessments alone. Factors such as fear, anxiety, financial concerns, dissatisfaction with services, and perceived treatment burden can significantly influence healthcare decisions and treatment adherence. By incorporating patient-reported outcomes into healthcare evaluation, organizations can gain a better understanding of patient needs and

expectations.The study also reported that patient-reported outcomes are increasingly being used as indicators of healthcare quality and effectiveness. They assist healthcare providers in identifying gaps in service delivery and developing targeted interventions aimed at improving patient satisfaction and treatment acceptance.The authors concluded that understanding patient experiences is essential for delivering patient-centred care and improving healthcare utilization. In ophthalmology, patient-reported outcomes can provide important insights into the reasons why some patients decline recommended surgery despite clinical indications, thereby supporting the development of strategies to improve surgical acceptance and conversion rates.[15]

Summary of Literature Review

The literature reviewed indicates that cataract remains a leading cause of avoidable blindness despite the availability of safe and effective surgical treatment. Previous studies consistently identified financial constraints, fear of surgery, misconceptions regarding treatment outcomes, inadequate awareness, family dependency, transportation difficulties, and accessibility issues as major barriers affecting surgical acceptance. Studies further emphasized the importance of counselling, patient-centred communication, affordability measures, outreach programmes, and operational efficiency in improving healthcare utilization and treatment uptake. However, limited literature specifically addresses OPD-to-surgery conversion rates and associated barriers within super speciality eye hospitals. This gap highlights the need for the present study to assess conversion patterns and identify factors influencing surgical acceptance among ophthalmic patients.

RESEARCH METHODOLOGY

The OPD to surgery conversion rate and the reasons why patients do not accept surgery. We did this study in a super speciality eye hospital. The main focus of this study is the OPD to surgery conversion rate.

We used a method that gave us both numbers and explanations from patients. We looked at hospital data to calculate the conversion rate. We also asked patients questions to understand why they did not have surgery. This helped us to get a picture of the OPD to surgery conversion rate and the reasons behind it.

3.1 TITLE OF THE STUDY

"A Study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance in a Super Speciality Eye Hospital"

3.2 AIM OF THE STUDY

The main goal of this study is to find out the OPD to surgery conversion rate and the reasons why patients do not accept surgery in a super-speciality eye hospital. We want to know the OPD to surgery conversion rate. Who stops patients from having surgery?

3.3 OBJECTIVES

PRIMARY OBJECTIVE:

To determine the OPD to surgery conversion rate in a super speciality eye hospital.

SECONDARY OBJECTIVE:

- To identify the determinants of surgical non-acceptance among the patients advised for surgery
- To assess the association between socio-demographic and clinical factors and surgical acceptance.
- To recommend strategies for improving conversion rate along with patient compliance.

3.4 RESEARCH QUESTIONS

1. What is the OPD to surgery conversion rate?
2. What factors will influence patient decisions to decline surgery?
3. Will socio-demographic and clinical variables be associated with surgical acceptance?

3.5 SCOPE OF THE STUDY

- This study will be conducted in a super speciality eye hospital (Eye Q Eye Hospitals)

It will include:

OPD patients advised for surgery

Surgical conversion data

Departments:

OPD and surgical units: cataract, retina, glaucoma, LASIK, paediatric eye care)

3.5.1 STUDY DESIGN

A mixed-method study design will be adopted, comprising:

A retrospective observational component to assess OPD-to-surgery conversion rates using existing hospital data.

A prospective cross-sectional component to evaluate determinants of surgical non-acceptance through primary data collection.

3.5.2 STUDY SETTING

Study will be conducted at a super speciality eye hospital—Eye Q Vision Pvt. Ltd., Yamuna Nagar, Haryana, which provides comprehensive ophthalmic services.

3.5.3 STUDY DURATION

Total duration: 3 months

3.5.4 DATA SOURCE

- HIS (Hospital Information System) / Electronic Medical Records
- Structured questionnaire

  The sample size was calculated using the finite population correction formula, considering a total population of 306 patients advised surgery during the study period, a 95% confidence level, and a 5% margin of error. The minimum required sample size was 171 participants. However, a total of **250 patients** were included in the study using a convenience sampling technique.

$$n_0 = \frac{Z^2 \cdot p \cdot (1-p)}{E^2}$$

3.5.5 STUDY POPULATION

Patients attending OPD and got advised for elective ophthalmic surgery

INCLUSION CRITERIA

- Patients of age between 40 to 80 years
- Patients advised for surgery

- Patients willing to participate

EXCLUSION CRITERIA

- Emergency cases
- Medically unfit patients
- Incomplete records
- Non-consenting patients

3.5.6 DATA COLLECTION METHOD

- Retrospective Component:
    - Number of patients advised for surgery
    - Number of surgeries performed
    - Demographic and clinical details
- Prospective Component:

  Structured questionnaire covering:

    - Socio-demographic variables
    - Awareness and knowledge
    - Financial factors of fear and psychological concerns
    - Accessibility and logistical issues
    - Trust in healthcare services
    - Decision regarding surgery

3.5.7 DATA ANALYSIS

Ms Excel

3.5.8 EXPECTED OUTCOMES

The study will:

- Estimate the OPD to surgery conversion rate
- Identify key barriers to surgical acceptance
- Provide insights into patient decision making behaviour
- Recommend effective strategies to improve the conversion rate and operational efficiency

3.5.9 LIMITATIONS

- Single-centre study
- Limited duration

- Potential response bias
- Dependence on the accuracy of hospital record

3.5.10 ETHICAL CONSIDERATIONS:

- Patient confidentiality will be maintained
- Data will be anonymised
- Informed consent will be obtained for prospective data
- Institutional approval will be obtained before data collection

4.1 METHOD OF DATA ANALYSIS

The collected data was compiled, organized, and analyzed using appropriate statistical methods.

Quantitative data was analyzed using:

- Percentages
- Tables
- Bar graphs
- Pie charts

The OPD to surgery conversion rate was calculated using the formula:

$$\text{Conversion Rate} = \frac{\text{Number of Patients Undergoing Surgery}}{\text{Number of Patients Advised Surgery}} \times 100$$

Qualitative responses regarding barriers to surgery were categorized and interpreted systematically.

DATA Interpretation

The chapter has two sections. The first section looks at OPD to surgery conversion analysis using hospital records. The second section looks at barriers that stop patients from having recommended surgery.

4.2 SECTION A

OPD TO SURGERY CONVERSION ANALYSIS

Table 4.1 Month- OPD to Surgery Conversion Performance

MONTH	OPD REGISTRATION	SURGERY ADVISED	SURGERY DONE	OPD Vs ADVISED	ADVISED Vs DONE	OPD Vs DONE
MARCH 2026	592	108	55	18%	51%	9%
APRIL 2026	653	97	40	15%	41%	6%
MAY 2026	656	110	26	17%	24%	4%

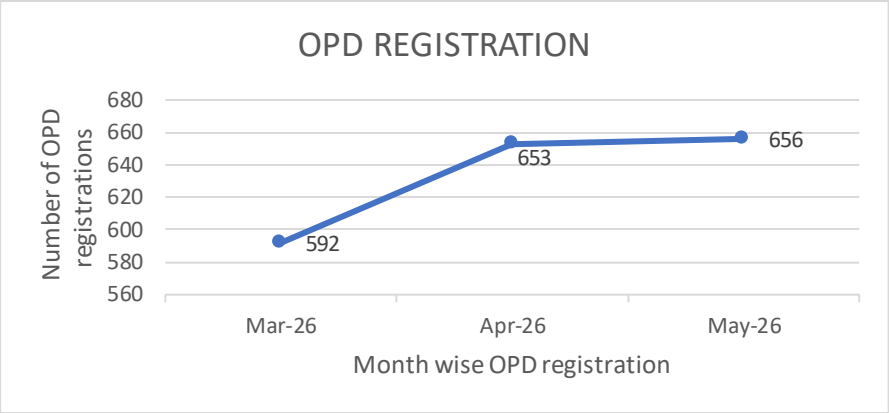


Fig 4.1 Month-wise OPD Registrations During the

Interpretation

The no. of patients who visited the Out Patient Dpartment was same each month, in March 592 patients visited the OPD. This number went up to 653 in April, 656 in May.

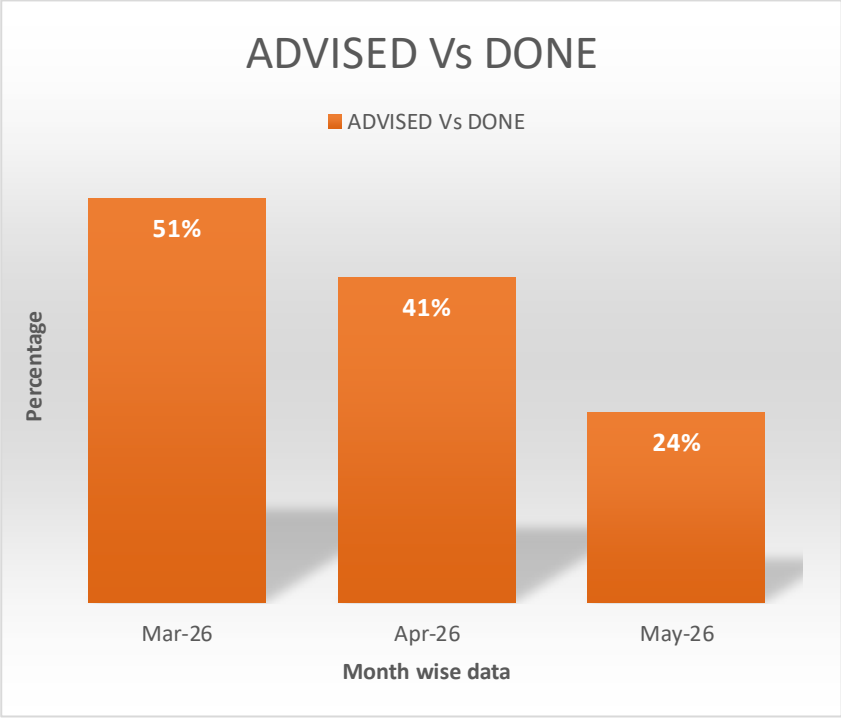


Fig 4.2 Month-wise Advised-to-Surgery Conversion Rate (%)

The percentage of patients advised surgery was between 15% and 18% of OPD registrations. However, fewer patients actually had surgery over time. The conversion rate from advised to done went down from 51% in March to 41% in April. 24% In May.

The overall OPD to surgery conversion rate also went down from 9% in March to 6% in April. 4% In May. This data shows that, even though many patients visited the OPD and were advised, there are fewer patients had surgery.

Table 4.2 OPD to Surgery Conversion (March–May 2026)

PARTICULARS	VALUE
TOTAL OPD REGISTRATIONS	1837
TOTAL PATIENTS ADVISED	306
TOTAL PATIENTS UNDERWENT SURGERY	121
OPD Vs ADVISED	17%
ADVISED Vs SURGERY DONE	40%
OPD Vs SURGERY DONE	7%
OPD REVENUE (₹ Lakhs)	4.08
SURGERY REVENUE (₹ Lakhs)	51.17

Interpretation

During the study, 1837 patients visited the OPD. 306 Patients were advised surgery, which's 17% of OPD registrations.

Out of those advised, 121 had surgery. This means 40% of advised patients had surgery. The overall OPD-to-surgery conversion rate was 7%.

The study found that many patients advised to undergo surgery did not have it. OPD services earned ₹4.08 lakhs. Surgical services earned ₹51.17 lakhs. This shows that conversion is important for care and hospital operations.

4.3 SECTION B

BARRIERS TO SURGICAL ACCEPTANCE

4.2 Analysis of Patients Who Did Not Undergo Surgery

We also analysed why some patients did not have surgery.

250 patients were assessed for acceptance. 186 Had surgery. 64 Did not.

Table 4.3 Surgical Acceptance Status

PARTICULARS	NUMBER OF PATIENTS	PERCENTAGE
Underwent surgery	186	74.4%
Did not undergo surgery	64	25.6%
Total	250	100%

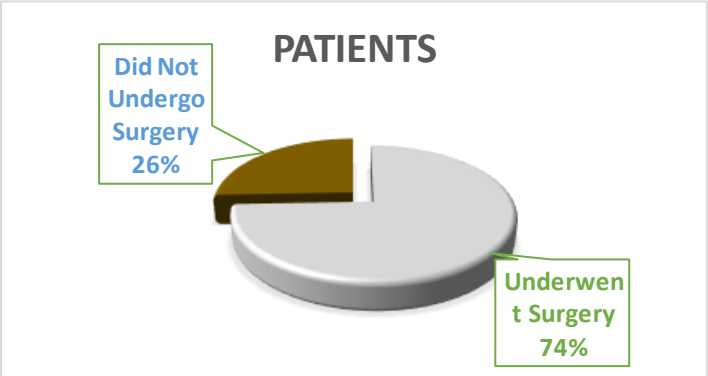


Fig: 4.3 Surgical Acceptance Status Among Study Participants (n = 250)

Interpretation

Out of 250 patient 186 had surgery 64 patients did not have surgery (1/4th).

Table 4.4 Distribution of Barriers to Surgical Acceptance (n = 64)

BARRIER	FREQUENCY	PERCENTAGE
Second eye adequate/ comfortable after one eye surgery	18	28.1%
Financial issues/ TPA approval amount not satisfactory	14	21.9%
Family-related reasons	8	12.5%
Summer season/ preference to postpone surgery	6	9.4%
Comfortable with spectacles or current vision	5	7.8%
Fear of surgery	4	6.3%
Shifted to another hospital/ civil hospital	3	4.7%
Seeking a second opinion	3	4.7%
Concerns regarding surgical complications / retinal issues/ toric consent issues	3	4.7%
TOTAL	64	100%

Interpretation

The major reason patients did not have surgery was that they were comfortable with their vision in one eye. This was about 28.1% cases.

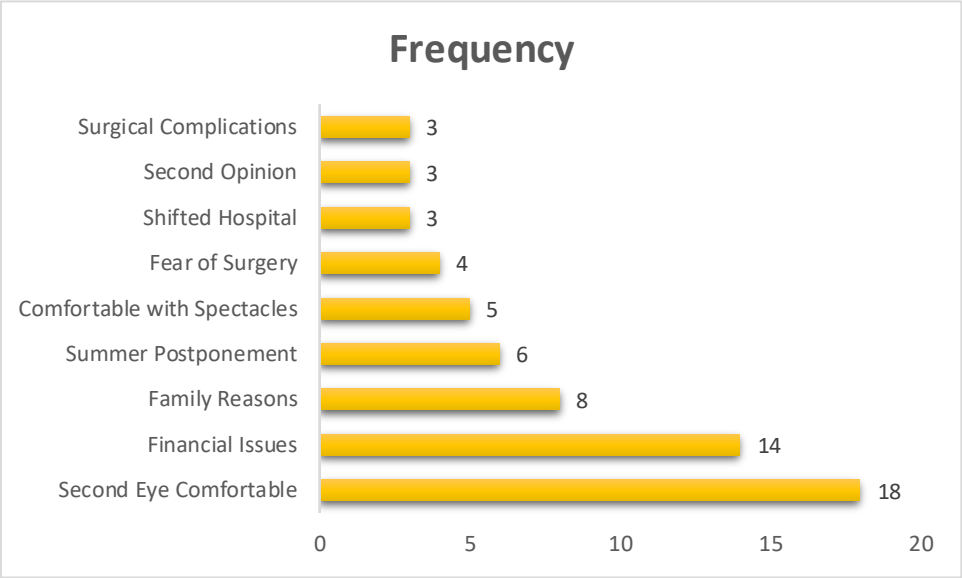


Fig 4.4 Distribution of Barriers Affecting Surgical Acceptance Among Non-Converted Patients (n = 64)

Financial issues were a barrier at 21.9%. Some patients had family issues, like no attendants or family commitments.

Some patients postponed surgery due to the summer season. Others were comfortable with spectacles. Had a fear of surgery.

4.4 Summary of Findings

The study found that 17% of OPD patients were advised to undergo surgery. However, 40% of them had surgery. The OPD to surgery conversion rate was 7%

The study showed that conversion rates went down over time. The main reasons patients did not have surgery were vision in one eye being financial issues, family problems, and fear of surgery.

These findings can help the hospital improve counselling, patient education and financial guidance. This can help patients and the hospital. The OPD to surgery conversion rate is important for care and hospital operations. The study's findings can help the hospital make decisions.

DISCUSSION

The study observes at how many patients visited the outpatient department of a super-speciality eye hospital ended up having the surgery. The results showed that even though many patients needed surgery, only some of them decided to go with it.

During the study, 1,837 patients came to the outpatient department. So we had a lot of patients come to the outpatient department. Out of all these patients 306 patients were told they needed to have surgery. This is a deal because it means that 17 percent of the patients who came to the outpatient department needed surgery. But here is the thing 121 patients actually ended up having surgery. This means that 40 percent of the patients who were told they needed surgery actually had the surgery.. If we look at all the patients who came to the outpatient department only 7 percent of the patients who came to the outpatient department had surgery. The surgery was only done on a small number of the patients who came to the outpatient department.

We took a look at the results for each month. What we found out was that the number of patients having surgery was getting smaller and smaller. In the month of March 51 percent of the patients who were told they needed surgery actually went through with it. Then in April this number dropped to 41 percent. By the time we got to May the number of patients having surgery was down, to 24 percent. The surgery numbers were really going down. This suggests that there are reasons why patients do not have surgery that have nothing to do with whether they need it or not.

Other studies have found the thing. They found that patients do not have surgery because they are worried about the cost, they are scared of surgery, they do not know enough about it, their family is against it, it is hard for them to get to the hospital, or they do not think they really need it. Some studies, like the ones done by Marmamula and his team, Rabiu and her team, Shetti and his team and Khan and his team, found that the cost of surgery, fear of surgery, and not knowing enough about it are the reasons why patients do not have cataract surgery.

In our study, we found that the main reason why patients did not have surgery was that they were happy with the vision in their eye, or they were comfortable after having surgery on one eye. Many patients said they could do things easily and did not think they needed surgery on their other eye right away. This shows that patients only have surgery when they think they really need it.

The second common reason why patients did not have surgery was that they could not afford it. Some patients were worried about the cost of surgery. Were not happy when their insurance did not cover as much as they thought it would. When this happened, patients often decided to put off or cancel their surgery. Other studies in developing countries have found the thing.

Family was also a factor. Many patients relied on their family for help with transportation, money, taking care of them and supporting them after surgery. If family members were not available or could not help patients often put off their surgery. This is what other studies have found, too. Family plays a role in helping patients make decisions about their healthcare.

The time of year also affected when patients had surgery. Some patients prefer to Avoid the surgery during the summer because it was more convenient for them, as they had travel plans. They were worried about taking care of themselves after surgery in the hot weather. Even though this is not a reason, it still affected patients when they had surgery.

Some patients said they were happy, with their glasses and they did not think their vision was bad enough to need cataract surgery. This is what other studies have found too. Patients often put off having cataract surgery until their cataract vision is really bothering them.

Fear of surgery was also a reason why patients did not have the surgery. Patients were worried about the pain the complications and the surgery itself. The surgery is something that patientsre really scared of. Other studies have found that patients have these concerns about the surgery. Patients are worried about what will happen during the surgery and, after the surgery. The fear of surgery is a reason why patients do not want to have the surgery.

A few patients visited hospitals for surgery. They went to both government hospitals. Some of these patients wanted to get an opinion before deciding on surgery. Others were concerned about eye issues. They also worried about problems that could arise after surgery. Some patients had needs for certain kinds of lenses. These patients were thinking about their eye surgery. They wanted to make sure they made the choice for their eye care. The patients looked into hospitals for their surgery. They chose between government hospitals. The patients asked questions, about the surgery. They also asked about the lenses they would need.

People who are going to have eye surgery think about it a lot. The study shows that it is very important to talk to the patients teach them about their eye surgery help the patients with money problems and have their family help make decisions about their eye surgery. If doctors and nurses talk to the patients in a way doctors and nurses can help the patients understand their eye surgery better make the patients less scared and make the patients feel more sure, about having their eye surgery.

The study found that patients having surgery or not depends on a lot of things. These things include the patients, money problems and the way the patients feel. It also depends on how the hospital's set up. The hospital and the patients are the major things that affect this decision. The study shows that the patients and the hospital play a role in this. Hospital and the patients are very important when it comes to deciding if the patients should have surgery or not. If we can address these issues, we may be able to get patients to have surgery, use ophthalmic services better, and improve patient outcomes.

CONCLUSION AND RECOMMENDATIONS

This study goes at how many patients went from the OPD to actual surgery. We checked the hospital records. Found that 1,837 patients visited the OPD during our study. Out of these, 306 patients were told they needed surgery. So 121 patients really went through with the surgery. This means that out of all the patients who came to the outpatient department 7 percent had the surgery.. For the patients who were told they should have the surgery 40 percent of these patients actually had the surgery.

When we looked at the data for each month we saw that the number of patients having surgery went down. The number of patients visiting the outpatient department stayed much the same.. A lot of patients who were told they needed surgery did not have the surgery. This happened even though the patients were told that surgery was necessary, for them. The number of patients having surgery decreased over time.

We asked patients why they did not have any surgery. The common reason was that they could still see well with their other eye, or they were happy with the results of the one eye. Some patients also said they were worried about the cost with insurance and TPA approvals. Other reasons included family issues, waiting for a time being okay, with glasses, fear of surgery, wanting to go to another hospital, getting a second opinion and worrying about complications.

Our study shows that just telling patients they need surgery is not enough. How patients feel, how much they can afford, their family's support and how much they know about the treatment all play a role in their decision.

So we think that hospitals should do a job of counselling patients, teaching them about their options, helping with financial worries, and communicating with them throughout their visit. This can help more patients decide to have surgery and improve the number of patients who go from OPD to surgery.

RECOMMENDATIONS:

1. UTILIZATION OF PATIENT SUCCESS STORIES THROUGH DIGITAL DISPLAYS

Study identifies fear of surgery, concerns regarding surgical complications and misconceptions regarding outcomes as barriers to surgical acceptance. The hospital may consider displaying short video testimonials of successfully operated patients in waiting areas and counselling zones. Real patients' experiences regarding visual improvement, recovery, and quality of life enhancement may help build confidence among prospective surgical patients and reduce anxiety associated with surgery.

2. Introduction of a bilateral cataract surgery benefit package

Special benefits or discounts for second eye surgery may encourage patients diagnosed with bilateral cataract to complete treatment promptly.

3. **Provision of EMI and flexible payment options**

Emi facilities and flexible payment plans may help reduce the immediate financial burden on patients facing affordability concerns.

4. **Regular review of non-converted cases**

Analysis of patients who do not undergo surgery may help identify emerging trends and support the development of targeted improvement strategies.

INFORMED CONSENT FORM

TITLE OF STUDY:

A Study on OPD to Surgery Conversion Rate and Barriers to Surgical Acceptance in a super speciality hospital.

PARTICIPANT INFORMATION SHEET

You are invited to participate in a research study conducted as part of an academic dissertation. The purpose of this study is to understand the reasons why patients advised for eye surgery (such as cataract or other ophthalmic procedures) choose to accept or decline surgery.

Your participation is completely voluntary. You may refuse or withdraw at any time without affecting your treatment or relationship with the hospital.

PROCEDURES:

- You will be asked a few questions regarding your decision about eye surgery.
- The interaction will take approximately 5–10 minutes.

CONFIDENTIALITY:

- Your responses will be kept strictly confidential.
- No personal identity will be disclosed.
- Data will be used only for academic purposes.

RISKS AND BENEFITS:

- There are no risks involved in participating.
- Your feedback may help improve patient care and surgical services in the hospital

CONSENT STATEMENT:

I have read and understood the information provided. I voluntarily agree to participate in this study.

PARTICIPANT NAME: _____

SIGNATURE/THUMB IMPRESSION: _____

DATE: _____

RESEARCHER NAME: _____

SIGNATURE: _____

BILINGUAL QUESTIONNAIRE

All responses will be kept confidential and used only for academic research purposes.

1. Age: _____

2. Gender:

☐ Male ☐ Female ☐ Other

3. Type of Eye Condition:

☐ Cataract

☐ Glaucoma

☐ Retinal Problem

☐ Refractive Error (LASIK, etc.)

☐ Other: _____

4. Were you advised for eye surgery?

☐ Yes ☐ No

5. Have you undergone the surgery?

☐ Yes ☐ No

6.What is the main reason for not proceeding with surgery?
(Select one or more)

☐ Financial constraints

☐ Fear of eye surgery

☐ Vision seems manageable without surgery

☐ Want second opinion

☐ Family decision

☐ Lack of awareness about procedure

☐ Waiting time is long

☐ Insurance/scheme issues

☐ Distance from hospital

☐ Other: _____

7. Are you covered under any government scheme or insurance?

☐ Yes ☐ No

If yes, specify: _____

8. Do you feel the cost of surgery is affordable?

☐ Yes ☐ No ☐ Not sure

9. Did the doctor clearly explain the need for surgery?

☐ Yes ☐ No

10. Are you afraid of undergoing eye surgery?

☐ Yes ☐ No

11. Do you feel your vision problem is serious enough for surgery?

☐ Yes ☐ No ☐ Not sure

12. Would you consider surgery in the future?

☐ Yes ☐ No ☐ Maybe

13. How would you rate your OPD experience?

(1 = Poor, 5 = Excellent)

1 ☐ 2 ☐ 3 ☐ 4 ☐

1. आयु: _____

2. िलंग:

☐ पुऽष ☐ मिहला ☐ अQ

3. आपकी आंखों की सम4ा ६ा है?

☐ मोितयाबिंद (Cataract)

☐ ६ूकोमा (Glaucoma)

☐ रेिटना से संबंिधत सम4ा

☐ च4े/नंबर से जुड़ी सम4ा (LASIK आिद)

☐ अQ: _____

4. ६ा डॉ4र ने आपको सजJरी (ऑपरेशन) की सलाह दी है?

☐ हाँ ☐ नहीं

5. ६ा आपने सजJरी करवा ली है?

☐ हाँ ☐ नहीं

6. आपने सजJरी ६ों नहीं करवाई?

☐ पैसों की कमी (Financial problem)

☐ ऑपरेशन से डर लगता है

☐ अभी नजर ठीक लगती है / काम चल रहा है

☐ दूसरी राय (Second opinion) लेना चाहते ह

☐ प¡रवार का िनणJय

☐ सजJरी के बारे म पूरी जानकारी नहीं है

☐ Ûादा इंतजार (Waiting time)

☐ बीमा / सरकारी योजना की सम4ा

☐ अ4ताल दूर है

☐ अQ: _____

7. ɛा आपके पास कोई बीमा या सरकारी योजना (जैसे आयु^ान भारत) है?

☐ हाँ ☐ नहीं

अगर हाँ, तो बताएं: _____

8. ɛा आपको सजाऊरी का खतरनाक ज़ादा लगता है?

☐ हाँ ☐ नहीं ☐ पता नहीं

9. ɛा डॉ4र ने आपको सजाऊरी के बारे में अच्छी तरह समझाया?

☐ हाँ ☐ नही

10. ɛा आपको आंखों की सजाऊरी से डर लगता है?

☐ हाँ ☐ नहीं

11. ɛा आपको लगता है िक आपकी आंखों की सम4ा गंभीर है?

☐ हाँ ☐ नहीं ☐ पता नहीं

12. ɛा आप भिव' में सजाऊरी कराने के बारे में सोचेंगे?

☐ हाँ ☐ नहीं ☐ शायद

13. आप अपने OPD अनुभव को कैसे रेट करेंगे? (1 = खराब, 5 = ब5त अ^ा)

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